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MONTANA COMPREHENSIVE PLAN

FOR

ALCOHOL AND DRUG ABUSE PREVENTION,

TREATMENT AND REHABILITATION
(FY 1981)

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MONTANA COMPREHENSIVE PLAN

FOR

ALCOHOL AND DRUG ABUSE PREVENTION,

TREATMENT AND REHABILITATION
(FY 1981)

Prepared by:

Alcohol and Drug Abuse Division
State Department of Institutions
Governor, Thomas L. Judge

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1.0 State Agency Policy and Planning Process

1.1 Introduction

The Montana State Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation is a public document that presents a coordinated comprehensive plan for the development and implementation of alcohol and drug abuse prevention, treatment and rehabilitation programs for the entire state.

The plan serves as a basis for the allocation of formula grant funds and provides the rationale and effective basis for the utilization of federal, state, and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs for alcohol and drug abusers within the state.

The Department of Institutions, Alcohol and Drug Abuse Division is required by Federal Law to submit annual alcohol and drug plans. The Health Systems Agency (HSA) is charged with development of long range plans and service criteria for alcohol and drug services in their Montana Health Systems Plan. The State Health Planning and Development Agency (SHPDA) establishes and analyzes health care policy and is responsible for development of the Montana State Health Plan which includes a component on alcohol. The Alcohol and Drug Abuse Division coordinates its planning process with the HSA and SHPDA to ensure consistency with the Montana Health Systems Plan and Montana State Health Plan.

The State Alcohol and Drug Plan is to be used as a guide for coordinated statewide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for the use of all individual groups and agencies working with alcohol and drug abuse within the state.

1.2 Purpose

Under delegated authority from the Director, Department of Institutions, the Alcohol and Drug Abuse Division (ADAD) will:

1. Review, evaluate and coordinate all federal and state funding proposals relating to alcohol and drug abuse.

2. Develop and review annually a state plan for Alcohol and Drug Abuse with all programs reviewed in terms of approved county plans and this State Plan.

3. All efforts and programs of the Division will encourage the development of coordinated community, regional and statewide programs with the broadest possible citizen involvement.

1.3 Program Philosophies and Policies

The statewide philosophy for delivery of alcohol and drug abuse services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (147,138 square miles) it ranks 41st among states in population (700,000), with approximately five persons per square mile. The racial distribution of the state is 95.5 percent white, with the remainder (4.5 percent) being predominantly American Indian (4.25 percent).

1.3.1 Administration

Responsibility for all functional activity carried out under the Montana State Plan for Alcohol and Drug Abuse rests with ADAD staff and the State Advisory Council on Alcohol and Drug Dependency. The Advisory Council is composed of ten members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures. Annually, the Council reviews draft materials and approves the final version of the annual State Plan.

The administration of alcohol and drug programs by the state is designed to accomplish the following:

- Assure that all state-approved alcoholism treatment service providers meet the provisions of Chapter 24 of Title 53 MCA.
- Assure that all drug abuse treatment service providers meet the provisions of the Federal Funding Criteria for Drug Treatment Services.
- Assure that clients are provided a continuum of services and are not lost in the referral process.
- Assure that treatment services are not duplicated within counties.
- Assure that special populations (minorities, youth, women, aged) receive adequate and appropriate services.

The Alcohol and Drug Abuse Division evaluates all programs annually to ensure program compliance with state and federal laws. Funding is dispersed according to priorities and needs as outlined in the annual state plan and approved county plans.

The Division also assures that provisions of Section 408 of the Drug Office Treatment Act of 1972 as amended by P.L. 93-282 (21 USC 1175) and Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 as amended by P.L. 93-282 (42 USC 4582) which provides that records and the identity, diagnosis, prognosis or treatment of any patient which are maintained in connection with the performance or delivery of alcohol and drug abuse services authorized or assisted under the Act or any Act amended thereby, shall be confidential and may be disclosed only under the circumstances expressly authorized under sections 408 and 333. All agencies covered under this act will familiarize themselves with this regulation.

The Alcohol and Drug Abuse Division will continue to operate in accord with the Department Affirmative Action Plan which prohibits discrimination, details hiring practices, training and advancement policy and aids in internal development.

1.3.2 Planning and Coordination

Responsibility for preparation of the annual Montana State Plan for Alcohol and Drug Abuse will continue to rest with the Alcohol and Drug Abuse Division. The Division will prepare an annual plan draft for review by the State Advisory Council, Statewide Health Coordinating Council, A-95 agencies, treatment programs, and the general public. The Division will also continue to guide the development of local planning capability.

The Division recognizes the need to continually improve coordination among state social service agencies in support of alcohol and drug abuse activities. Many state agencies have responsibility for certain aspects of the total service delivery system. The Department of Institutions, Alcohol and Drug Abuse Division has the primary responsibility but other state departments have specific functions. Working relationships have been developed with the Department of Health and Environmental Sciences, Social and Rehabilitation Services, Department of Community Affairs, Department of Justice and State Office of Public Instruction.

Coordination of all alcohol and drug abuse services is a long-term function that involves many of the state departments. This department intends to create every opportunity for meaningful involvement of other state departments having a role or function in the delivery of alcohol and drug services throughout the state.

Responsibility for distribution of the Department's discretionary funds is a function of ADAD, with recommendations from the State Advisory Council on Alcohol and Drug Dependency and the Director of the Department of Institutions.

1.3.3 Treatment and Rehabilitation

The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activities as an alternative to dysfunctional abuse.

Use of illegal drug compounds is not always considered abuse but it is considered to be a drug problem. The use of any chemical substance, legal or illegal, which creates behavioral or health problems resulting in operational impairment or dysfunction is viewed as substance abuse.

1.3.4 Management Information Systems

ADAD recognizes that accurate data is essential for efficient program planning, management and evaluation.

The Division will continue to collect and analyze statistical data from all state-approved treatment facilities according to state law, Section 53-24-208 MCA. All state approved alcohol programs will report on the alcohol information systems as a requirement of state approval.

The Division will also manage and maintain the Client Oriented Data Acquisition Process (CODAP), for all drug abuse treatment programs. All drug programs receiving federal funds, directly or indirectly, from the National Institute on Drug Abuse are required to submit statistical reports utilizing the CODAP system.

The State Office will continue to develop and distribute data output reports for state and local program management.

1.3.5 Research and Evaluation

Evaluation and monitoring of alcohol and drug programs centers around the common program review process, developed by ADAD in coordination with the Mental Health and Residential Services Division, for the review of alcoholism, drug abuse and community based mental health centers. All criteria and procedures have been published in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse and Community Based Mental Health Programs and distributed to all community programs.

Comprehensive on-site reviews are conducted on an annual basis as well as prior to issuance of a state approval certificate to alcoholism programs. The purpose of the on-site reviews, as outlined in the handbook, includes the following objectives:

- To improve program performance and client service levels
- To help ensure statewide compliance with federal and state standards
- To help achieve efficiency and economy in program operations
- To assist in determination of program funding levels and approval of contracts
- To determine areas of needed technical assistance and training
- To gather data for development of additional standards for program performance.

1.3.6 Prevention

Prevention of alcohol and drug abuse in Montana is predicated on the philosophy that each individual is responsible for his own actions and, given accurate and sufficient information and education, will make responsible decisions. The ADAD substance abuse prevention mission is to provide all citizens of Montana with the information necessary for them to make responsible decisions about use of alcohol and drugs, to promote alternatives to substance abuse, and to educate parents, teachers, health professionals and social service personnel in effective techniques for promoting responsible decisions.

ADAD's role is to effectively pursue the mission through efficient use of limited resources. Methods currently employed to accomplish this mission include direct funding of prevention activities, technical assistance to prevention programs, providing information and education resources, promoting prevention activities of other state and local agencies and providing training in prevention techniques and activities.

ADAD strongly urges local communities to play the primary role in the development and implementation of substance abuse prevention activities. To this end, ADAD funding guidelines stress program planning and development at the county level with strong community support for prevention activities and community commitment toward program continuation funding. Given extremely limited prevention resources, ADAD is committed to using these resources to encourage well conceived and strongly supported community programs.

1.3.7 Training and Certification

The Montana Alcohol and Drug Abuse Division is mandated by law to "certify and establish standards for the certification of alcoholism and drug dependence counselors". The Division has developed draft certification standards which will be submitted for public hearings in July 1980.

It is anticipated that the Division will begin to certify counselors in FY 82. Under the proposed schedule for implementation and credentialling, all counselors must meet certification requirements by June 30, 1983.

All counselor training events offered or sponsored by the Division will be structured to the proposed certification requirements.

1.3.8 Criminal Justice Interface

Active cooperation between the Alcohol and Drug Abuse Division and the Montana Board of Crime Control (MBCC) is viewed as essential for both agencies for effective planning and development of alcohol and drug abuse treatment services. A formalized agreement exists between the Crime Control Division; Department of Justice and the Alcohol and Drug Abuse Division; Department of Institutions.

1.4 Planning Process

In accord with 53-24-211 MCA, enacted by the legislature in July, 1979, local planning for alcohol and drug services is the responsibility of each county's board of commissioners. (See Map of Montana, Exhibit 1) County plan guidelines were developed by the Division and a standardized format was followed by each county. County plans included the following sections:

Exhibit 1 - Map of Montana Divided into Mental Health Planning Regions

1. Description of Service Area and County Planning Process.

2. Analysis of County Needs.

3. Treatment and Rehabilitation.

4. Fiscal Year Action strategy.

5. Third Party Payments and Client Fees for Services.

6. County and Local Service Providers Coordination with other agencies.

7. Prevention.

8. Criminal Justice.

County plans provide the Division with uniform planning information, local needs and priorities and also solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including the needs of American Indians.

County plans must be submitted to the Department of Institutions, Alcohol and Drug Abuse Division for review by December 31. (See Exhibit 2 , Planning Schedule).

Preparation of the annual state plan was based on needs and information identified in county plans, legislative priorities and from program performance documentation, cost data, and relevant statistical information. Statewide priorities are recommended by the State Advisory Council based on county plan priorities, ADAD staff recommendations and funding availability.

Each section within the Division drafts proposed goals, objectives and action steps for each fiscal year in response to needs assessment information, county plan priorities and state needs and priorities. The ADAD work plan for each year is reviewed by the State Advisory Council for recommendations and is then included in the annual state plan.

The alcohol and Drug Abuse Division coordinates its planning process with the Montana Health Systems Agency and the State Planning and Development Agency to ensure consistency with the Montana Health Systems Plan and Montana State Health Plan.

The State Plan is reviewed and updated as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary and also as new or revised information is available. Any revisions or updating will be subject to the same review procedure as the plan itself.

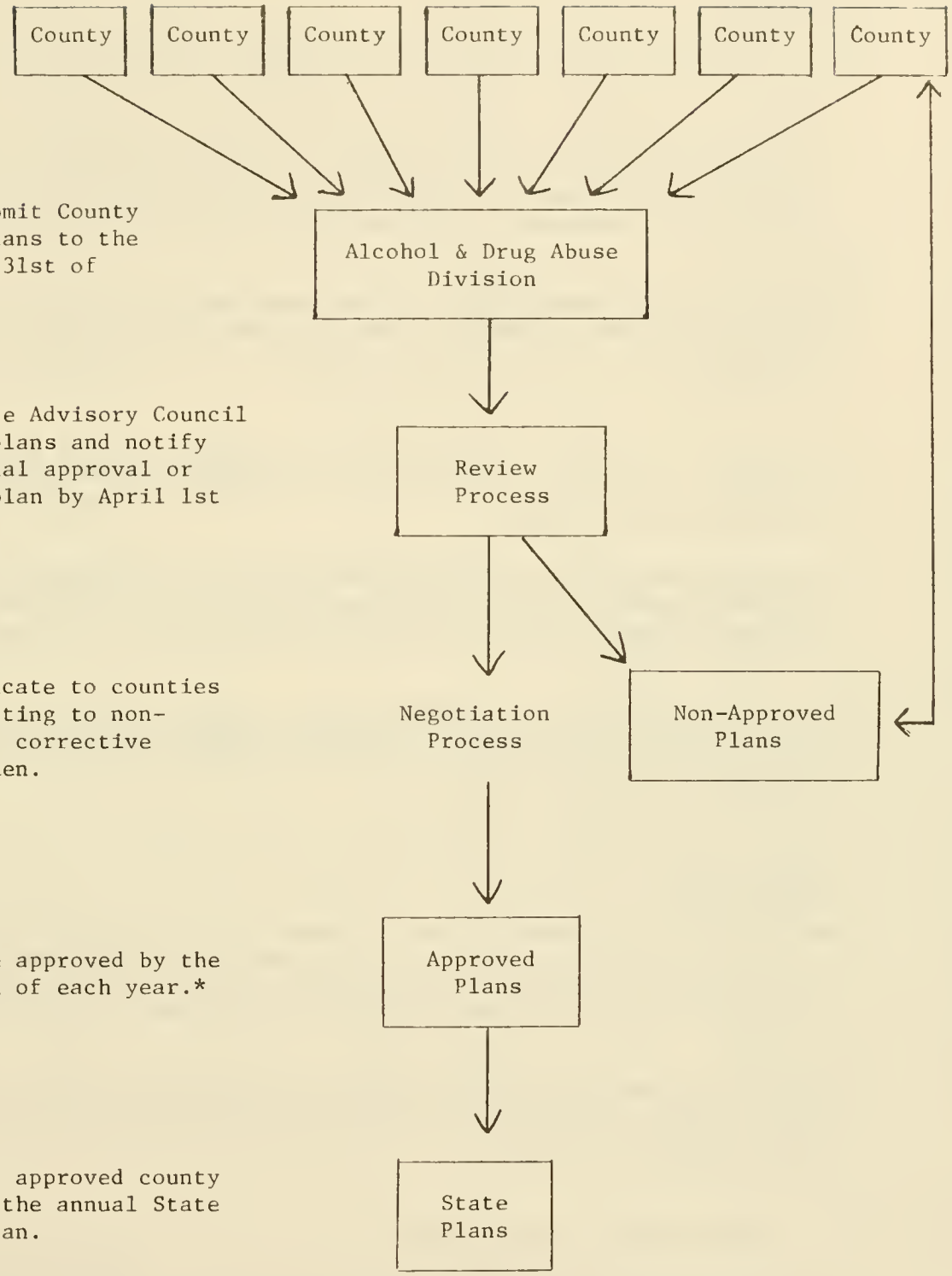
The procedure to be followed in the submission and review of the plan will be as follows: as soon as possible following submission of the plan for a fiscal year, staff revision and updating of the document will begin. The plan for each fiscal year will be developed and prepared for review by the Advisory Council as early in the fiscal year as is practical.

Following council review and comments, the plan will be available for review by the State Health Planning and Development Agency, Montana Health Systems Agency, Statewide Health Coordinating Council, community alcohol and drug programs, and general public. Availability for public review will be announced through a description of the plan and a notice of its availability, published in statewide newspapers thirty (30) days prior to submission for approval.

Copies of the plan will be submitted to the Office of the Governor, A-95 clearinghouse for review and comments relative to the relationship of this plan or any modifications of the plan to other state plans and programs.

PLANNING PROCESS

- County or Multi-County Plans
- Counties must submit County Alcohol & Drug Plans to the ADAD by December 31st of each year.*
- ADAD and the State Advisory Council will review all plans and notify counties of initial approval or non-approval of plan by April 1st of each year.
- ADAD will communicate to counties all problems relating to non-approved plans so corrective action can be taken.
- All plans must be approved by the ADAD by June 30th of each year.*
- ADAD will use all approved county plans to develop the annual State Alcohol & Drug Plan.



*If times are not met, the Department may no longer allocate tax monies to counties.

Exhibit 2

2.0 NEEDS ASSESSMENT

2.1 Introduction

Drug Data

To measure or project the usage and occurence of drug abuse is difficult because use of drugs is generally a hidden activity. Further, because Montana is a rural state with few drug programs in limited areas of the state, no major opiate abuse problem, and a serious polydrug problem, utilization of generally accepted drug abuse indicators are not appropriate for estimating the prevalence of drug usage in this state. Montana has had to rely on limited amounts and sources of data to measure and project drug abuse problems.

Treatment data gathered from existing programs on NIDA's Client Oriented Data Acquisition Process (CODAP) is used to determine demographic and socio-economic information, usage trends, utilization rates, treatment outcome and for the identification of high risk populations.

Demographic data provides information on treatment population characteristics and gives the Division a perspective from which to compare other drug abuse indicators. The Division also relies on crime and arrest data as an indicator of drug related problems.

Information collected from the Montana Youth Substance Abuse Committee, the Child and Youth Development Bureau, the Montana Board of Crime Control and the 1979 Prevention Planning Study also gives an indication of drug usage and attitudes of Montana's youth.

None of the indicators available to ADAD, taken by itself, will provide an accurate picture of Montana's drug abuse problem; however, when analyzed together, such indicators present reliable patterns and profiles of the types of drugs abused within the state.

Alcohol Data

ADAD collects individual client treatment data utilizing the statewide computerized alcohol information system (AIS) on all clients admitted to state approved treatment programs at admission, discharge and follow-up. All AIS data used in this plan is derived from reports submitted by community alcohol programs.

As with drug information, the Division uses statistics obtained from the Montana Highway Patrol, Crime Control, hospitals and other sources as indicators of alcohol related problems.

2.2 Discussion of Alcohol Data

According to the February 1979 "National Status Report" published by NIAAA, Montana ranks third in the nation in per capita consumption of beer and eleventh

in overall per capita consumption of alcoholic beverages. Also, Montana has seven Indian Reservations that constitute 4.2 percent of the state's total population. Although Native Americans comprise only 4.2 percent of the state's population they account for 22 percent of admissions to alcohol treatment programs. A report prepared for the Division by the Montana United Indian Association estimated that 70 percent of the Indians in Montana are in need of alcoholism treatment services.

Although the National Institute on Alcoholism and Alcohol Abuse (NIAAA) estimates that 7 percent of the adult population are alcoholics or alcohol abusers, the Alcohol and Drug Abuse Division uses a planning figure of 8.5 percent for the non-Indian population to estimate the number of alcoholics and alcohol abusers within the state. All the indications of alcohol related accidents, and other indicators in Montana are showing increases; for example, the per capita consumption rate continues to show an annual increase. As a result, the percentage of alcoholics in Montana would be substantially higher than the 7 percent figure used by NIAAA. (See Table 1 for estimated alcohol abusers by Region).

Alcohol Admission Characteristics

Primary Alcohol Clients

Table 2 indicates that 77 percent of all persons admitted with a primary problem of alcohol are men. It is apparent that women continue to be an underserved population, comprising less than one-fourth of all admissions (23 percent).

Although American Indians comprise only 4.2 percent of the state's population they account for nearly one-fourth (22 percent) of the alcoholism treatment population.

The majority of persons admitted for treatment are between thirty-one and forty-four years of age (32 percent of total treatment population). Persons appear to be seeking treatment at younger ages, the fiscal year 1980 State Plan reported 21 percent of persons admitted to be under the age of twenty-five compared with 25 percent this year. Persons under the age of seventeen increased from three to six percent.

Admission information regarding marital status indicates that most persons admitted for treatment are divorced, legally separated or single (63 percent).

The information also shows that 71 percent of persons admitted for treatment are not employed. Only 28 percent had full-time employment at the time of admission. The average monthly income for all clients was less than $300.00 per month.

DWI Court School Clients

Montana treatment programs admitted 1,239 persons to DWI court schools during 1979. (See table 3).

TABLE 1

ESTIMATED ALCOHOL ABUSERS BY REGION

REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)		POPULATION Indian	ESTIMATED ABUSERS Indian	
Eastern	95,000	85,158	7,238	(8.5%)	9,842	6,889	(70%)
North Central	148,500	138,000	11,730	(8.5%)	10,500	7,350	(70%)
South Central	147,900	138,000	11,761	(8.5%)	9,541	6,679	(70%)
Southwestern	182,700	181,166	15,399	(8.5%)	1,534	1,074	(70%)
Northwestern	173,800	167,633	14,266	(8.5%)	5,967	4,177	(70%)
TOTAL	747,900	710,516	60,394		37,384	26,169	

TOTAL ESTIMATED ABUSERS 86,563

Based on 1975 Montana Vital Statistics, State Department of Health & Environmental Sciences 1970 U.S. Census, Special Tribal Rolls Compilation, Urban Indian Alliances Poll

ALCOHOL ADMISSION CHARACTERISTICS
(Calendar Year 1979)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	Galen	State	Percent
*Total Admissions	994	917	1,048	876	867	894	5,596	(100%)
SEX								
Male	752	755	789	619	657	728	4,300	(77)
Female	242	162	259	257	210	166	1,296	(23)
RACE								
White	767	574	718	781	656	736	4,232	(76)
Black	0	2	4	7	1	3	17	(0)
Native American	211	330	309	67	200	136	1,253	(22)
Hispanic-Mexican	10	5	16	14	6	13	64	(1)
Other	6	6	1	7	4	6	30	(1)
AGE								
0 - 17	54	21	58	100	72	8	313	(6)
18 - 20	62	41	47	63	83	45	341	(6)
21 - 25	171	94	109	101	139	99	713	(13)
26 - 30	142	90	131	101	118	108	690	(12)
31 - 44	325	304	371	253	257	293	1,803	(32)
45 - 64	201	324	304	212	175	294	1,510	(27)
65 +	39	43	28	46	23	47	226	(4)
EDUCATION								
0 - 8	161	201	186	116	107	156	927	(17)
9 - 12	638	562	603	557	560	548	3,468	(62)
13 - 16	177	131	228	189	168	178	1,071	(19)
17 +	17	12	24	14	27	12	106	(2)
Unknown	1	11	7	0	5	0	24	(0)
MARITAL								
Never Married	290	251	289	280	291	231	1,632	(29)
Married	365	264	343	323	268	252	1,815	(32)
Separated	61	58	58	43	43	61	324	(6)
Divorced	246	279	303	190	236	302	1,556	(28)
Widowed	32	65	55	40	29	48	269	(5)
EMPLOYED								
Full Time	398	157	279	326	236	176	1,572	(28)
Part Time	28	54	53	52	46	15	248	(4)
Unemployed	568	706	716	498	585	703	3,776	(68)
AVG. MONTHLY INCOME								
0 - 300	605	734	740	558	613	713	3,963	(71)
301 - 600	122	94	128	73	105	78	600	(11)
601 - 1000	124	58	106	131	90	61	570	(10)
1001 +	143	31	73	114	58	42	461	(8)
Unknown	0	0	1	0	1	0	2	(0)

* Does not include readmissions

DWI ADMISSIONS
(Calendar Year 1979)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	State	Percent
Total Admission	151	99	362	207	420	1,239	(100%)
SEX							
Male	135	85	318	186	359	1,083	(87)
Female	16	14	44	21	61	156	(13)
RACE							
White	143	91	316	200	371	1,120	(90)
Black	0	1	4	0	0	5	(0)
Native American	6	7	23	6	42	84	(7)
Hispanic-Mexican	2	0	18	1	3	24	(2)
Other	0	0	2	0	4	6	(1)
AGE							
0 - 17	3	0	11	4	8	26	(2)
18 - 20	21	8	45	31	43	148	(12)
21 - 25	26	12	71	52	88	249	(20)
26 - 30	20	12	63	31	68	184	(15)
31 - 44	36	23	106	49	118	332	(27)
45 - 65	43	36	64	31	77	251	(20)
65 +	2	8	12	9	18	49	(4)
EDUCATION							
0 - 8	13	19	32	9	41	114	(9)
9 - 12	105	65	239	114	255	778	(63)
13 - 16	30	15	82	75	116	318	(26)
17 +	3	0	7	9	8	27	(2)
Unknown			2			2	(0)
MARITAL							
Never Married	59	25	126	106	175	491	(40)
Married	69	39	127	65	152	452	(36)
Separated	1	2	25	5	15	48	(4)
Divorced	19	26	72	26	66	209	(17)
Widowed	3	7	12	5	12	39	(3)
EMPLOYMENT							
Full Time	134	63	244	131	266	838	(68)
Part Time	8	8	31	16	29	92	(7)
Unemployed	9	28	87	60	125	309	(25)
AVG. MONTHLY INCOME							
0 - 300	20	40	109	80	153	402	(32)
301 - 600	31	26	51	34	76	218	(18)
601 - 1000	48	18	108	47	92	313	(25)
1001+	52	15	94	46	98	305	(25)
Unknown	0	0	0	0	1	1	(0)

Does not include readmissions

Data continues to support that court schools are a source of early intervention for alcohol abusers. Attendance at these schools can lead to recognition, by some of the attendees, of disruptive effects of drinking in their lives.

As displayed in table 3, individuals admitted to Montana Court Schools tend to be young, employed, white males. Forty-eight percent of court school clients are under thirty, compared with thirty-seven percent of primary alcohol clients.

A big difference in employment status is noted as seventy-five percent of court school clients are employed at time of admission compared with thirty-two percent of primary alcohol clients. Income of court school clients is considerably higher than reported by primary alcohol clients. Sixty-eight percent (68%) of court school clients have incomes over $300.00 per month whereas only twenty-nine percent (29%) of primary alcohol clients report incomes of over $300.00.

Comparison of marital status at admission shows fewer DWI clients in the disruptive categories of "separated" and "divorced", this may reflect the younger age of DWI clients, who have had less time to develop serious problems common among families of alcoholics.

The data suggest Montana Court Schools are an important intervention resource because they force younger persons to confront problems directly associated with alcohol abuse. This occurs in many instances before a person would consider voluntarily seeking information or treatment for drinking related problems.

Family Members

The majority of family members admitted as clients are women although the number of men admitted in 1979 increased from 19 percent to 22 percent. The age of family member clients corresponds with the age of primary alcohol admissions with the largest grouping (33 percent) falling into the age category of thirty-one to forty-four. It is significant to note that 18 percent of family clients are under the age of seventeen. This information suggests that treatment programs are impacting the children of alcoholics. Several alcohol programs in Montana stress services to family members and all programs are allowed to admit family members as clients. (See table 4).

Source of Referral

The largest referral source, as displayed in Table 5, results from program outreach efforts as indicated by the number of self referrals. The court system, including probation and parole, is an important referral source accounting for 21 percent of all referrals to alcohol programs. The referral network between existing alcohol programs throughout the state has consistently accounted for a large number of client referrals (18 percent). Family and friends referred 14 percent of all program clients. It is significant to note that a number of referrals to state approved treatment programs are made by AA (5 percent).

FAMILY MEMBER ADMISSION CHARACTERISTICS
(Calendar Year 1979)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	Galen	State	Percent
*Total Admissions	427	27	355	152	208	151	1,320	(100%)
SEX								
Male	113	1	71	21	39	42	287	(22)
Female	314	26	284	131	169	109	1,033	(78)
RACE								
White	382	25	339	135	189	134	1,204	(91)
Black	0	2	0	0	0	0	2	(0)
Native American	41	0	9	16	15	17	98	(7)
Mexican	1	0	5	1	2	0	9	(1)
Other	3	0	2	0	2	0	7	(1)
AGE								
0 - 17	78	2	87	24	33	9	233	(18)
18 - 20	21	3	14	13	10	10	71	(5)
21 - 25	39	1	32	21	29	17	139	(10)
26 - 30	58	2	35	14	32	19	160	(12)
34 - 44	124	15	118	57	63	55	432	(33)
45 - 64	85	4	58	21	39	39	246	(19)
65 +	22	0	11	2	2	2	39	(3)
EDUCATION								
0 - 8	80	0	67	23	27	12	209	(16)
9 - 12	230	21	193	91	129	101	765	(58)
13 - 16	108	6	88	33	46	35	316	(24)
17 +	9	0	5	5	6	3	28	(2)
Unknown	0	0	2	0	0	0	2	(0)
MARITAL								
Never Married	110	4	111	35	48	20	328	(25)
Married	259	22	191	97	129	103	801	(61)
Separated	8	0	14	5	10	3	40	(3)
Divorced	32	1	28	15	19	23	118	(9)
Widowed	18	0	11	0	2	2	33	(2)
EMPLOYMENT								
Full Time	159	6	130	58	65	60	478	(36)
Part Time	41	9	44	20	18	14	146	(11)
Unemployed	227	12	181	74	125	77	696	(53)
AVG. MONTHLY INCOME								
0 - 300	280	20	254	100	145	141	940	(71)
301 - 600	58	6	45	24	31	4	168	(13)
601 - 1000	52	1	38	21	21	5	138	(10)
1001 +	37	0	18	7	11	1	74	(6)

* Does not include readmissions

STATEWIDE ALCOHOL ADMISSIONS

Source of Referral at Admission
(Calendar Year 1979)

Source	I	II	III	IV	V	Galen	State	%
Self	205	278	243	120	132	238	1216	(22)
Hospital	17	50	87	44	17	16	231	(4)
CMHC	15	5	9	21	7	4	61	(1)
Private M.D.	44	16	27	22	29	27	165	(3)
Public Health Service	6	1	4	0	0	3	14	(1)
Own Program (Outreach)	1	11	10	36	22	0	80	(1)
AA, Alanon, Alateen	6	23	48	37	32	133	279	(5)
Other Alcohol Program	331	126	82	136	162	161	998	(18)
Voc. Rehabilitation	4	1	2	5	2	0	14	(1)
Social Services	25	20	33	18	26	4	126	(2)
Courts	73	140	92	51	141	90	587	(10)
Police, Parole, Probation	81	108	162	107	115	60	633	(11)
Attorney, Legal Aid	25	4	18	17	15	9	88	(1)
Employer	24	5	13	30	9	6	87	(1)
Church	6	5	4	3	3	3	24	(1)
School	13	0	23	8	11	1	56	(1)
Spouse, Family	62	54	109	90	58	68	441	(8)
Friends	50	50	63	49	56	53	321	(6)
TV, News, Ads	1	0	8	38	22	1	70	(1)
Other	5	18	8	42	6	9	88	(1)
Unknown	0	2	3	2	2	8	17	(1)
Total Admissions:	944	917	1048	876	867	894	5596	(100)

Admissions to Alcohol Treatment Programs by County of Residence

Table 6 is included in the State Plan because all counties in Montana are responsible for allocating tax monies, earmarked for alcohol treatment, to state-approved alcohol programs. The table shows the number of persons admitted to alcohol treatment programs from each county. Montana's most populated counties, Yellowstone and Cascade, have the highest admission rate followed by Silver Bow and Flathead.

Reason for Discharge

Table 7 indicates that 54 percent of all clients admitted to alcohol programs complete treatment; and only 28 percent leave the program before treatment is completed.

Highway Patrol Data

The 1978 Annual Report prepared by the Montana Highway Patrol indicates that 56 percent of the drivers killed in Montana had been drinking prior to the accident. Also 34 percent of passengers killed had been drinking and 48 percent of pedestrians killed had been drinking. Statistics pertaining to alcohol related driving fatalities are shown in Table 8.

Death Statistics

Statistics compiled by the Records and Statistics Bureau of the Montana Department of Health and Environmental Sciences indicate that a total of 134 deaths were attributed to alcoholic psychosis, alcoholism and cirrhosis. Since 1974, deaths attributed to these causes ranged from a low of 111 in 1975 to a high of 144 in 1976.

2.3 Discussion of Drug Data

Client Characteristics and Drug Use Patterns

The majority of admissions (29 percent) to Montana's drug treatment programs are for problems resulting from the abuse of amphetamines. (See table 9).

Tables 10 and 11 indicate that women also report amphetamines as their major drug problem, (31 percent of all admissions). However, barbiturates, sedatives and tranquilizers were reported problems far more frequently than they are reported by men. Of all women admitted in 1979, 21 percent indicated a primary problem with barbiturates and tranquilizers whereas only 15 percent of the men indicated a problem with these drugs.

Excluding admissions to the correctional institutions, Montana has reached a case load which is comprised of over 35 percent women.

Table 10 shows that American Indians make up approximately 11 percent of the total drug treatment population. Amphetamines are also reported as the primary

ADMISSIONS TO ALCOHOL PROGRAMS
BY COUNTY OF RESIDENCE
(Calendar Year 1979)

County	I	II	III	IV	V	Galen	State
Beaverhead	0	5	2	54	2	35	98
Big Horn	12	2	242	0	2	15	273
Blaine	4	105	2	0	0	3	114
Broadwater	1	0	0	10	0	4	15
Carbon	5	0	25	1	2	11	44
Carter	7	0	0	0	0	0	7
Cascade	38	360	7	9	9	40	463
Choteau	0	25	0	0	0	0	25
Custer	88	0	3	0	2	8	101
Daniels	7	2	0	0	0	0	9
Dawson	72	1	0	1	2	11	87
Deer Lodge	0	3	3	54	3	42	105
Fallon	33	0	0	0	0	1	34
Fergus	13	2	63	0	1	18	97
Flathead	102	4	0	3	194	15	318
Gallatin	1	1	0	117	1	17	137
Garfield	5	0	0	0	0	1	6
Glacier	11	118	0	1	3	9	142
Golden Valley	0	1	11	0	1	1	14
Granite	0	0	0	1	0	10	11
Hill	12	65	3	3	2	10	95
Jefferson	2	0	1	24	0	10	37
Judith Basin	0	4	2	0	0	2	8
Lake	2	1	0	0	154	15	172
Lewis & Clark	23	33	7	172	1	60	296
Liberty	0	7	1	0	0	0	8
Lincoln	7	5	0	2	104	30	148
Madison	0	2	0	20	0	5	27
McCone	3	0	0	0	0	0	3
Meagher	1	2	2	8	0	5	18

County	I	II	III	IV	V	Galen	State
Mineral	1	0	0	0	14	1	16
Missoula	6	3	3	6	202	59	279
Musselshell	12	0	70	0	0	6	88
Park	1	1	2	51	0	14	69
Petroleum	0	3	3	1	0	1	8
Phillips	64	9	0	0	0	2	75
Pondera	2	22	0	0	0	9	33
Powder River	13	0	0	0	2	0	15
Powell	0	0	0	9	2	33	44
Prairie	2	0	0	0	0	1	3
Ravalli	1	2	1	5	89	17	115
Richland	66	0	0	0	4	3	73
Roosevelt	49	12	2	0	5	17	85
Rosebud	143	0	13	0	2	23	181
Sanders	2	0	0	1	18	7	28
Sheridan	11	1	0	0	1	1	14
Silver Bow	4	7	6	286	4	95	402
Stillwater	2	0	27	0	0	4	33
Sweet Grass	0	0	12	2	1	5	20
Teton	1	13	1	15	0	1	31
Toole	1	29	0	4	2	2	38
Treasure	0	0	0	0	0	1	1
Valley	98	1	0	0	1	1	101
Wheatland	2	0	41	1	1	5	50
Wibaux	2	0	0	0	0	0	2
Yellowstone	34	7	427	7	3	126	604
Out-of-State	28	59	66	8	33	82	276
Total:	994	917	1048	876	867	894	5596

REASON FOR DISCHARGE

ALCOHOL CLIENTS & FAMILY CLIENTS
(1979)

Reason For Discharge	Alcohol Clients	%	Family Clients	%	Total	%
1. Left Before Treatment Completed	1458	(28)	323	(28)	1781	(28)
2. Inaccessible, Moved	401	(8)	53	(5)	454	(7)
3. Died	21	(1)	0	(0)	21	(1)
4. Treatment Plan Completed	2730	(54)	730	(64)	3460	(56)
5. Program Can't Provide Required Services - Client Referred	450	(9)	39	(3)	489	(8)
Total Discharged	5060	(100%)	1145	(100%)	6205	(100%)

Table 8

FATALITIES AND DRINKING

1978

MONTANA

	DRIVERS		PASSENGERS		PEDESTRIANS		BICYCLISTS		TOTAL	
Month	Killed	HBD	Killed	HBD	Killed	HBD	Killed	HBD	Killed	HBD
Jan.	7	0	2	0	1	0	0	0	10	0
Feb.	11	6	4	0	1	1	0	0	16	7
Mar.	11	9	0	0	0	0	0	0	11	9
Apr.	23	17	3	1	2	2	0	0	28	20
May	20	13	19	9	3	0	0	0	42	22
June	19	12	9	3	0	0	0	0	28	15
July	23	11	13	3	6	2	0	0	42	16
Aug.	16	8	9	3	2	2	0	0	27	13
Sept.	17	9	10	5	2	2	2	0	31	16
Oct.	10	3	2	1	0	0	1	0	13	4
Nov.	9	4	4	1	3	1	0	0	16	6
Dec.	4	3	2	0	1	0	0	0	7	3
Total	170	95	77	26	21	10	3	0	271	131

HBD - had been drinking (.05% blood alcohol or more)

56% of drivers killed had been drinking
34% of passengers killed had been drinking
48% of pedestrians killed had been drinking
48% of all persons killed had been drinking

Source: Montana Highway Patrol

TYPE OF PRIMARY DRUG USED BY ALL ADMISSIONS
TO STATEWIDE DRUG PROGRAM
(1979 CODAP DATA)

PRIMARY DRUG	Statewide N	Statewide %	Helena	Butte	Anaconda	Bozeman	Missoula	Great Falls	Ronan	Billings	Lighthouse	Swan River	Pine Hills	State Prison
None	2	.3	2	0	0	0	0	0	0	0	0	0	0	0
Opiates	80	11.8	10	26	5	2	10	0	1	7	12	0	0	7
Alcohol	53	7.8	0	1	0	0	0	0	0	0	1	26	24	1
Barbiturates	47	6.9	0	11	1	8	9	0	2	5	3	1	0	7
Amphetamines	200	29.5	30	48	24	17	23	1	8	21	14	6	0	8
Cocaine	33	4.9	9	2	0	2	5	1	0	6	4	1	0	3
Marijuana	135	19.9	14	26	13	0	15	3	5	40	8	2	6	3
Hallucinogens	56	8.3	9	11	8	14	2	0	1	3	3	2	0	3
Inhalents	22	3.3	2	6	1	2	3	1	0	0	4	0	3	0
Over the Counter	1	.2	0	0	0	0	0	0	0	1	0	0	0	0
Tranquilizers	37	5.5	3	16	1	3	5	0	2	3	3	1	0	0
Other	4	.6	0	0	0	0	1	0	2	1	0	0	0	0
PCP	7	1.0	1	1	2	1	0	0	0	1	0	1	0	0
TOTAL	677		80	148	55	49	73	6	21	88	52	40	33	32
% of TOTAL		(100%)	(11.8%)	(21.9%)	(8.1%)	(7.2%)	(10.8%)	(.9%)	(.3%)	(13%)	(7.7%)	(5.9%)	(4.9%)	(4.7%)

TYPE OF PRIMARY DRUGS USED AT ADMISSION BY SEX AND RACE (1979 CODAP DATA)

PRIMARY DRUG	TOTAL N	%	MALE	FEMALE	WHITE	BLACK	AMERICAN INDIAN	HISPANIC MEXICAN	ASIAN
None	2	.3	1	1	2	0	0	0	0
Opiates	80	11.8	53	27	76	0	3	1	0
Alcohol	53	7.8	51	2	44	0	8	1	0
Barbiturates & Sedatives	47	6.9	33	14	41	0	5	1	0
Amphetamines	200	29.5	137	63	167	3	25	3	2
Cocaine	33	4.9	21	12	31	1	0	1	0
Marijuana	135	19.9	105	30	113	2	14	6	0
Hallucinogens	56	8.3	39	17	51	0	3	2	0
Inhalents	22	3.3	19	3	15	0	6	1	0
Over the Counter	1	.2	1	0	1	0	0	0	0
Tranquilizers	37	5.5	8	29	31	0	5	1	0
Other	4	.6	3	1	2	0	2	0	0
PCP	7	1.0	5	2	6	0	1	0	0
TOTAL	**677**		**476**	**201**	**580**	**6**	**72**	**17**	**2**
% of TOTAL		**(100%)**	**(70.3%)**	**(29.7%)**	**(85.7%)**	**(.9%)**	**(10.6%)**	**(2.5%)**	**(.3%)**

TABLE

CODAP ADMISSIONS
Drug Type by Sex Comparisons
1979

Males N=476		Females N=201
29%	------ Amphetamines ------	31%
8%	----- Hallucinogens -----	8%
4%	------- Inhalents -------	2%
15%	---- Barbs-Sedatives-Tranq. ----	21%
6%	---------- Other ----------	3%
22%	-------- Marijuana --------	15%
11%	--------- Opiates ---------	13%
4%	--------- Cocaine ---------	6%
1%	---------- PCP ----------	1%

drug of abuse among Indians. (35 percent of all admissions), followed by marijuana at 19 percent and alcohol at 11 percent. There is a higher incidence of solvent abuse reported by Indians (8 percent) as compared with 3 percent of other admissions.

Table 12 , which indicates primary drugs of abuse by age, also depicts a high incidence of reported amphetamine, marijuana and alcohol abuse among Montana's youth. Also the use of hallucinogenic drugs by persons under the age of seventeen has increased from 8 percent to 13 percent of all admissions.

The clients seeking drug treatment appear to be older than in previous years. The majority of admissions in 1978 were persons under the age of seventeen (30.5 percent) compared with 26 percent this year.

Nearly 29 percent of clients admitted in 1979 were persons between the ages of 21-25; amphetamines were by far the most often reported drug of abuse in this age category (35 percent) followed by opiates at 14 percent and marijuana at 12 percent. The use of opiates seems to increase with age; the highest incidence of opiate abuse is reported in the 31-44 age grouping.

Discharge Data

Table 13 depicts reasons for discharge for 1979 drug clients. Over one-fourth (26 percent) of all clients admitted to Montana drug treatment programs complete treatment with no drug usage. An additional 7 percent complete the treatment program with some drug use.

Multiple Drug Use Patterns

As indicated in Tables 14 and 15 Montana has a substantial polydrug abuse problem. Of a total of 677 admissions in 1979, 89 percent indicated a secondary drug problem and 61 percent indicated a third drug problem. Alcohol remains a major drug of abuse in multi-drug problems and is most frequently used with marijuana and amphetamines.

TYPE OF PRIMARY DRUGS USED AT ADMISSION
BY AGE
(1979 CODAP DATA)

TYPE OF DRUG	N	%	AGE AT ADMISSION					
			0 - 17	18 - 20	21 - 25	26 - 30	31 - 44	45 +
None	2	.3	1	0	0	1	0	0
Opiates	80	11.8	3	3	27	25	21	1
Alcohol	53	7.8	21	13	19	0	0	0
Barbiturates	47	6.9	10	2	17	4	11	3
Amphetamines	200	29.5	41	35	67	41	12	4
Cocaine	33	4.9	3	5	14	7	4	0
Marijuana	135	19.9	52	42	23	10	6	2
Hallucinogens	56	8.3	22	10	14	8	2	0
Inhalents	22	3.3	14	1	6	1	0	0
Over the Counter	1	.2	1	0	0	0	0	0
Tranquilizers	37	5.5	6	3	5	6	11	6
Other	4	.6	0	1	1	1	0	1
PCP	7	1.0	2	3	1	0	1	0
TOTAL	677		176	118	194	104	68	17
% of TOTAL		(100%)	(26%)	(17.4%)	(28.7%)	(15.4%)	(10.0%)	(2.5%)

TABLE 13

REASON FOR DISCHARGE
(1979 CODAP DATA)

Reason	Total	Percent
Completed - No Drug Use	155	26.3
Completed - Some Drug Use	39	6.6
Transfer - In Progress	20	3.4
Outside Referral	54	9.2
Non Compliance	73	12.4
Left Before Treatment Completed	229	38.9
Incarcerated	15	2.5
Death	3	.5
Other	1	.2
TOTAL:	589	100%

PATTERNS OF MULTIPLE DRUG USE
(1979 CODAP DATA)

PRIMARY DRUG	Total Number of Admissions	% Indicating Single Drug Problem Only	SECONDARY PROBLEM													% Indicating Multiple Drug Problems
			Heroin	Opiates	Alcohol	Barbiturates	Sedatives	Amphetamines	Cocaine	Marijuana	Hallucinogens	Inhalents	Over the Counter	Tranquilizers	Other	
None	2															
Heroin	26	4		8	1	1		7	4	2	1			1		96
Opiates	54	11	2	1	10	6	1	12	3	7	1		2	2	1	89
Alcohol	53	14				2	1	3		26	4					68
Barbiturates	35	6		3	6		1	4	3	11	2			3		94
Sedatives	11	9			3	3		2						2		91
Amphetamines	200	3	10	6	32	15	3		17	67	39		1	4		97
Cocaine	33	3	1		2			8		17	4					97
Marijuana	135	19	1	1	76	3	1	14	3		8			2		81
Hallucinogens	56	0	1	1	4	3		18	4	22		1		2		100
Inhalents	22	18			4			2		11	1					82
Over the Counter	1	100														0
Tranquilizers	37	19		2	10	4	2	4	1	5	1				1	81
Other	4	25			2	1										75
PCP	7	0			1	1	1			3	1					100
TOTAL	677		15	22	151	39	10	74	35	171	62	1	3	16	2	(601) 89%

PATTERNS OF MULTIPLE DRUG USE
(1979 CODAP DATA)

PRIMARY DRUG	Total Number of Admissions	% Without Tertiary Problems	TERTIARY PROBLEM													% Indicating Multiple Drug Problems
			Heroin	Opiates	Alcohol	Barbiturates	Sedatives	Amphetamines	Cocaine	Marijuana	Hallucinogens	Inhalents	Over the Counter	Tranquilizers	Other	PCP	
None	2																
Heroin	26	26		2	2	2		5	1	4	1			3			74
Opiates	54	43	1		5	3	1	6	2	8	3	1			1		57
Alcohol	53	72						7	1	4	2				1		28
Barbiturates	35	26		3	11			4		7				1			74
Sedatives	11	36			1	1				4				1			64
Amphetamines	200	27	1	1	40	11			13	49	22	3	1	2		2	73
Cocaine	33	18			9	1		2		8	6			1			82
Marijuana	135	58	1		16			16	4		10	4	1	3		1	42
Hallucinogens	56	16			15	5		9		18							84
Inhalents	22	32			7	1		2		3	2						68
Over the Counter	1	100															0
Tranquilizers	37	62		1	8		1	2		2							38
Other	4	50								1			1				50
PCP	7	14	1			1		1	1	1	1						86
TOTAL	677		4	7	114	25	2	54	22	109	47	8	3	11	2	3	(411) 61%

2.4 DISCUSSION OF CRIME AND ARREST DATA

Crime Control Report

The following data was obtained from the Montana Board of Crime Control, it is the most recent analysis of crime and arrest data pertaining to drugs and is included in this plan as an indicator of drug activity within the state.

Drug Offenses

Widespread concern of illegal drug use is not unique to Montana. Within the past ten years, drug activity has reached the smallest rural communities in the state.

Since 1971, the Criminal Justice Data Center has been gathering information on drug arrests; and beginning in 1973, information has been collected on drug offenses.

For the purpose of this study, the most valid indicator of drug activity is the number of drug arrests. This is because drug activity, like alcohol related crimes, is an "immediate situation" in which the offense usually does not become a crime until the offender is arrested. However, it is nevertheless important to investigate the area of drug offenses in which an offense occurs every five hours at a rate of 226.0 per 100,000 persons.

In this report, both drug offenses and drug arrests have been placed in the categories of opiates, marijuana, dangerous drugs and other drugs. Opiates consist of opium and cocaine and their derivatives including morphine, heroin and codeine; marijuana consists of marijuana and its derivative of hashish; dangerous drugs consist of manufactured drugs such as LSD, demerol and methadone; other drugs include dangerous non-narcotic drugs such as barbiturates, benzedrine, methadrine and amphetamines.

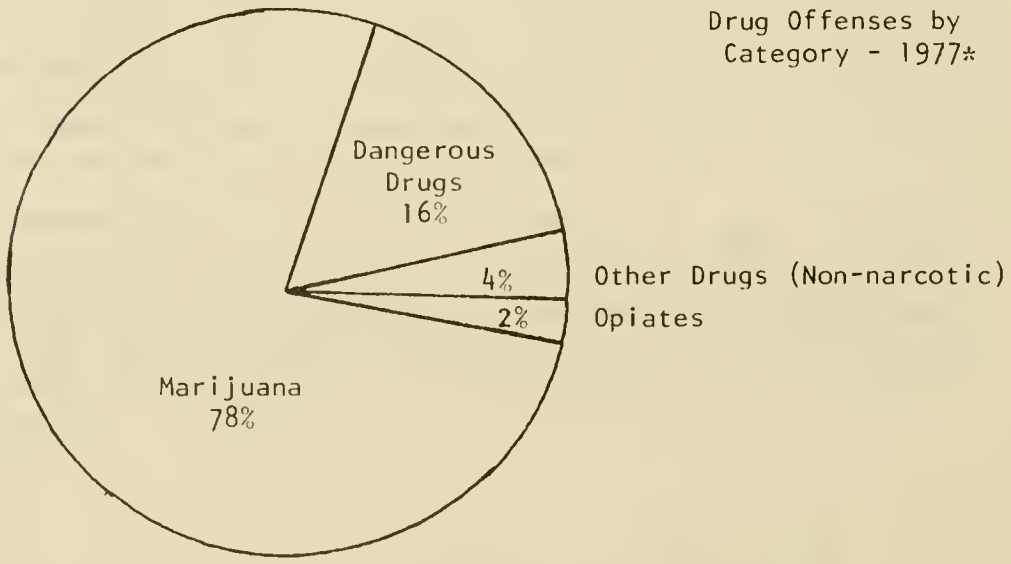
During 1977 there were 1,498 narcotic drug law violations reported by Montana law enforcement agencies. Out of the total reported, 1,265 drug offenses were cleared by arrest or exceptional means and of this total 32.9 percent of the offenses cleared were by the arrest of persons under 18 years of age. Table 16 shows an analysis of 1977 drug offenses by category.

Table 16
Drug Offenses*

Category	Actual Offenses	% of Total	Cleared by Arrest	% of Total	Cleared by Arrest Under 18	% of Total
Opiates	22	.02	21	.02	2	.01
Marijuana	1166	.78	1003	.79	378	.90
Dangerous Drugs	243	.16	188	.15	24	.06
Other Drugs	67	.04	53	.04	13	.03
Total	1498	100	1265	100	417	100

In 1977, 1,265 offenses were cleared by arrest for a clearance rate of 84.4 percent. This rate is considerably above the statewide clearance rate of 28.5 percent for all other major felonies and high misdemeanor offenses, indicating that drugs are, in fact, an "immediate" crime. Furthermore, several areas in Montana have trained law enforcement teams which specialize in drug investigation and are highly successful in their efforts.

Historically it was commonly assumed that marijuana was the largest drug violation category in Montana. This summary tabulates the extent of the four drug categories to provide a total drug offense picture. Opiates account for 2 percent of all drug offenses, marijuana 78 percent, dangerous drugs 16 percent and other drug offenses 4 percent. This is shown in Illustration I.



*Source: Montana Board of Crime Control, Criminal Justice Data Center

Drug Arrests

Drug arrests for 1977 are summarized in ten arrest categories, which include providing/selling, possession and drugs-unknown level. Table 17 shows the juvenile/adult drug arrest comparison.

Table 17

Adult and Juvenile Drug Arrests*

Category	Juvenile	% of Total	Adult	% of Total	Total	% of Total
Dangerous Drug--Unknown Level	41	9.3	354	34.0	395	26.7
Selling Opiates	2	.5	13	1.2	15	1.0
Selling Synthetics	0	.0	11	1.1	11	.7
Selling Non-Narcotics	1	.2	6	.6	7	.5
Selling Marijuana	10	2.3	119	11.4	129	8.7
Possession Opiates	1	.2	18	1.7	19	1.3
Possession Synthetics	6	1.4	17	1.6	23	1.6
Possession Non-Narcotics	1	.2	16	1.5	17	1.1
Possession Marijuana--Felony	24	5.4	111	10.7	135	9.1
Possession Marijuana--Misd.	355	80.5	376	36.2	731	49.3
Total	441	100.0	1041	100.0	1482	100.0
Percent of Total		29.8		70.2		

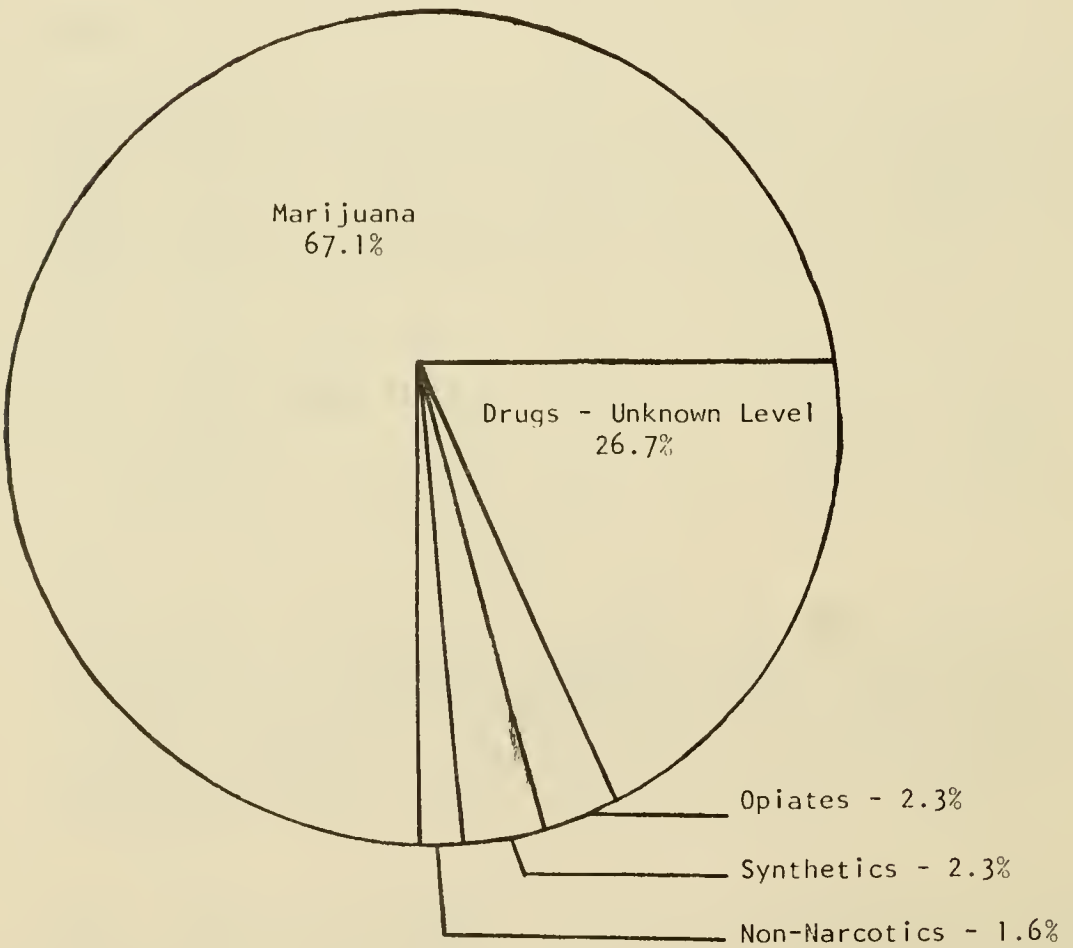
The arrest tabulation in Table 17 reveals similar comparisons to the offenses tabulation in Table 16 . Marijuana arrests account for 67 percent of all drug arrests, while marijuana offenses account for 78 percent of all drug offenses. Illustration II shows the extent of marijuana drug violation charges in relation to other types of drug arrests. Providing/selling

*Source: Montana Board of Crime Control, Criminal Justice Data Center

and possession drug arrests have been grouped together to show their extent according to the type of drug included in each category. Possession of drugs accounts for 62 percent of all drug arrests, while providing/selling involves 11 percent of all drug arrests. The arrest category of dangerous drug-unknown level accounts for 26.7 percent and consists of drug arrests which were not classified by the arresting agency.

The arrest profile reveals that marijuana is the predominant drug violation charge, accounting for 67.1 percent of all drug arrests. This is shown in Illustration II below.

Drug Arrests by Category*
1977



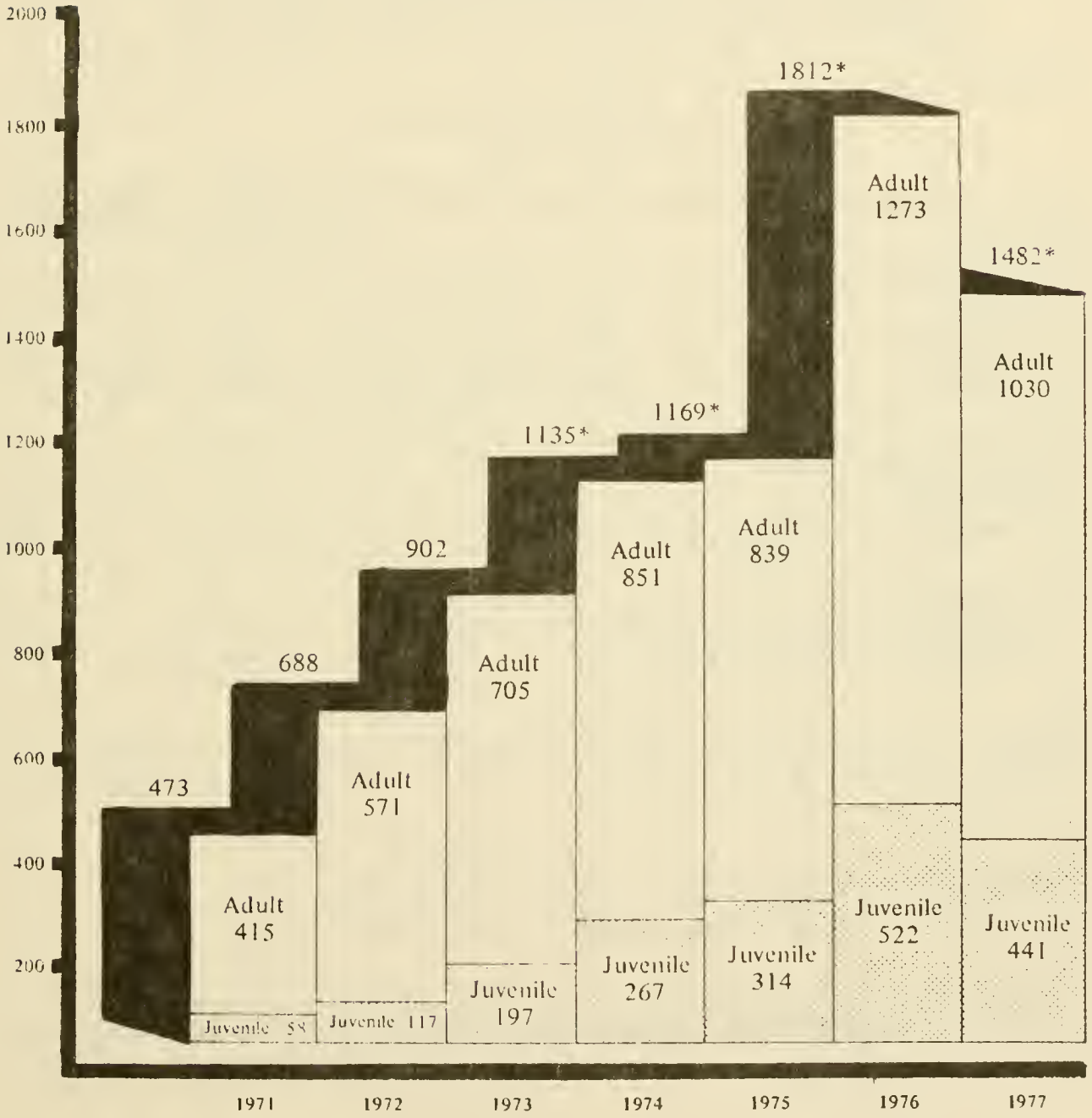
*Source: Montana Board of Crime Control, Criminal Justice Data Center

Illustration III shows the drug arrest trend from 1971 through 1977.

The number of drug offense arrests decreased significantly in 1977 despite a large increase in 1976 in the number of drug-related offenses reported to the police. The proportion of juvenile offenders arrested has remained fairly constant (24 - 30 percent) despite the decrease in 1977.

Illustration III

DRUG ARRESTS *



*Unknown Age = 2% (17) - 1974, 1% (16) - 1975, 1% (17) - 1976, 1% (11) - 1977.

*Source: Montana Board of Crime Control, Criminal Justice Data Center

Table 18 compares drug arrests by age group. Note that activity in the categories of opiates and marijuana starts in the 12-15 age group, peaks out in the 20-25 age group and begins to end with the 30-39 age group. This trend is also characteristic of non-narcotics; however, no arrests occur earlier than the 16-17 age group. Arrests for synthetics also begin in the 1-11 age group and peak between the ages of 20-25. The 20-25 age group dominates all drug arrests in every category. These statistics also correlate to treatment statistics which also indicate the 20-25 age group as high risk.

The reason for the drastic decline in drug arrests for the 26-29 age group has not yet been systematically evaluated, but it appears likely to be related to disenchantment with the drug scene, fear of being arrested and more involvement with alcohol.

Table 18
Drug Arrests by Age Group*

	1-11	12-15	16-17	18-19	20-25	26-29	30-39	40-49
Marijuana								
Possession								
Felony	0	3	21	39	56	8	5	1
Misdemeanor	0	119	236	151	163	35	22	2
Selling	0	2	8	27	61	23	7	0
Subtotal	0	124	265	217	280	66	34	3
Opiates								
Sell	0	2	0	4	5	2	2	0
Possession	0	1	0	2	7	3	4	2
Subtotal	0	3	0	6	12	5	6	2
Synthetics								
Sell	0	0	0	1	7	7	1	1
Possession	2	2	2	6	10	1	0	0
Subtotal	2	2	2	7	17	8	1	1
Non-Narcotics								
Sell	0	0	1	0	2	4	0	0
Possession	0	0	1	1	9	5	1	0
Subtotal	0	0	2	1	11	9	1	0
Drugs Unknown	0	11	30	116	170	41	16	3
Total	2	140	299	347	490	129	58	9

*Source: Montana Board of Crime Control, Criminal Justice Data Center

I. ADMINISTRATION

A. FY 80 Performance Report - Administration

Objective 1 - To obtain maximum third party payments for alcohol and drug treatment services and to encourage alcohol and drug service providers to collect client fees for services based on a sliding fee schedule.

See Third Party Payments and Client Fees Section Page 49.

Objective 2 - To support special emphasis programs and to continue to assess the needs of special populations and design activities to meet those needs.

As discussed in detail on pages 50-56 of this functional plan, the Division has made an extensive effort to identify the unique needs of special populations and to develop action plans to meet those needs.

Objective 3 - Ensure that providers comply with reporting requirements and all other contract provisions.

To ensure that treatment programs comply with reporting requirements the Division adopted the following policy:

1. Late Reports - ADAD will utilize the following schedule and procedures to monitor programs who submit late reports.

    - Reports not received at ADAD by the 10th working day of the month following the report period; programs will receive a telephone call.

    - Reports not received by the end of the month following the report month; programs will receive a written reminder.

    - Reports not received by the 10th working day of the second month following the report period (or with the next month's reports); programs will receive written notification that ADAD has started procedures to remove or revoke approval status.

2. Unusable, Sloppy or Inaccurate Reports - ADAD will adhere to the following schedule and procedures to monitor programs who submit unusable, sloppy or inaccurate reports:

    - 1st month - Telephone call
    - 2nd consecutive month - Written notification
    - 3rd consecutive month - ADAD will notify program in writing that it has started procedures to revoke the program's approval status.

To effectively monitor provider compliance with contract provisions in the interim periods between on-site program reviews, the Reporting and Evaluation Bureau and Management Services Division will continue to follow the contract monitoring procedures outlined on page 48 of this plan.

B. Alcohol and Drug Abuse Division Organization

The Alcohol and Drug Abuse Division exists within the Department of Institutions and is the designated Single State Agency for drugs as well as the State Alcohol Authority within the State of Montana. All major management functions, with the exception of sub-contractor reimbursement and on-site financial monitoring, are performed within ADAD. These latter two functions are performed by the Department's Management Services Division and its special staff unit. (See organizational charts - Exhibit 3).

ADAD staff roles and responsibilities are functionally defined under a two-bureau organization which includes a Community and Program Development Bureau and a Reporting and Evaluation Bureau.

The Community and Program Development Bureau consists of five sections:

1.) Direct Services Section
2.) Technical Assistance Section
3.) Special Services Section
4.) Prevention Section
5.) Training and Certification Section

Six of the Community and Program Development Bureau staff are responsible for training, technical assistance prevention programs and special services. An additional fifteen (15) staff provide direct drug treatment services within three state operated drug clinics.

The Reporting and Evaluation Bureau has three functional sections:

1.) Management Information Systems Section
2.) Contract, Monitor and Program Evaluation Section
3.) Planning/Policy Section

The five staff members of the Reporting and Evaluation Bureau are responsible for program monitoring and evaluation, management information systems and the development of the annual state plan for alcohol and drugs.

With the exception of the Montana Drug Program Supervisor and the state operated clinics, each ADAD staff member performs functions specific to both alcohol and drugs, (See exhibit 4 , allocation of staff time by position).

The Division is guided by the Montana Advisory Council on Alcohol and Drug Dependency. The council is composed of ten members appointed by the Director of the Department of Institutions and approved by the Governor. The Council meets at least quarterly to review and affirm ADAD policy and to recommend project and program activities.

Prior to Montana's legislative sessions, the Council is an instrumental body in developing legislative strategy and in reviewing and supporting efforts of other legislative sponsors.

Council membership provides broad representation of population groups to be served, of governmental and employee groups, State Health Coordinating Council, local citizens groups, elderly, women and representatives of major socio-economic and ethnic groups, according to the Council's existing by-laws. (For the list of Council members see Exhibit 5).

ORGANIZATION CHART

MONTANA ALCOHOL AND DRUG ABUSE DIVISION

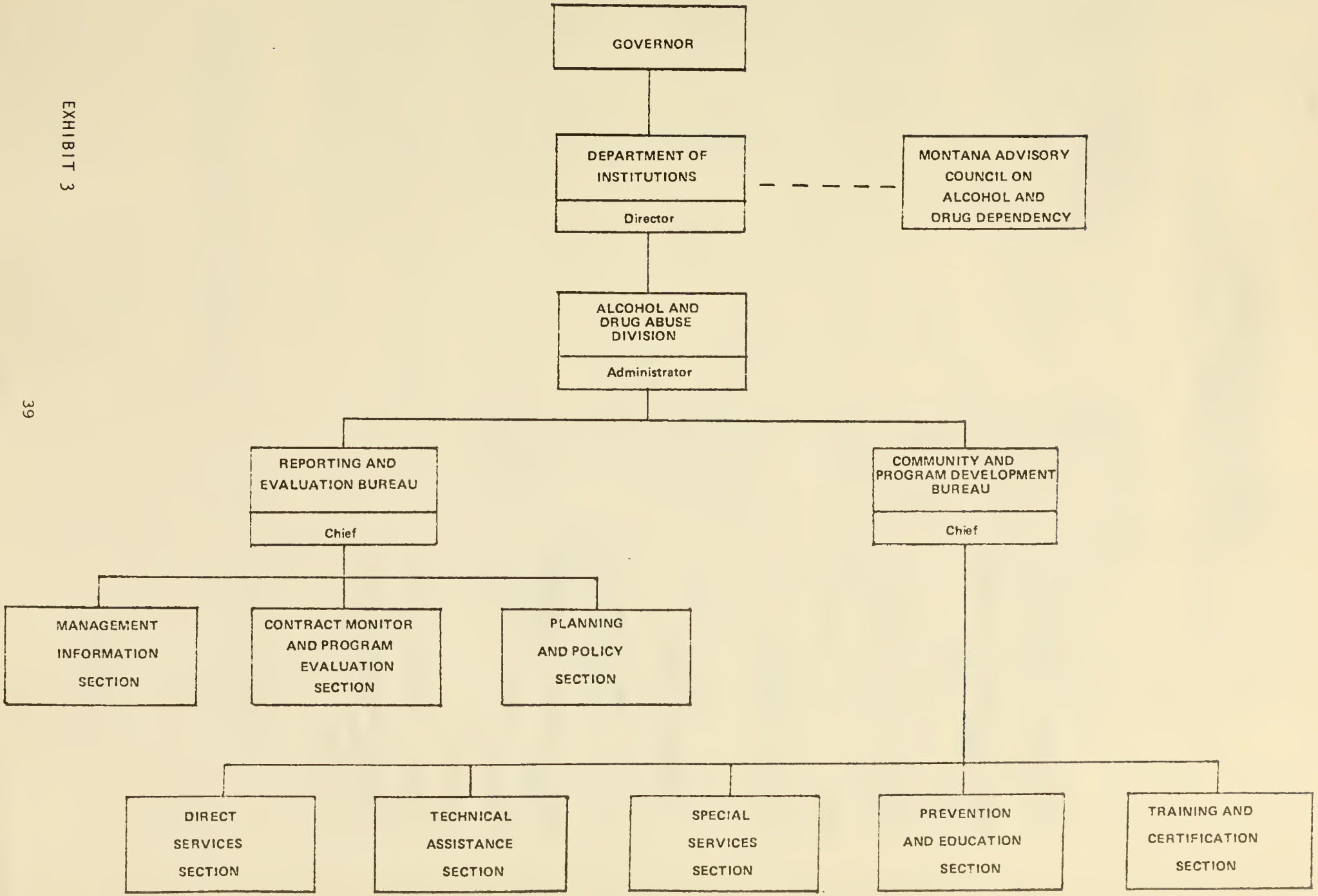


EXHIBIT 3

ALLOCATION OF STAFF TIME
FOR ALCOHOL AND DRUG PROGRAMMING
BY POSITION

Position	Name	% Of Time Allocated To Alcohol Programming	% Of Time Allocated To Drug Programming
Administrator, Alcohol & Drug Abuse Division	Michael Murray	75%	25%
Chief, Community & Program Development Bureau	Darryl Bruno	40%	60%
Supervisor, Montana Drug Program (Manager, Direct Services Section) + 14 Staff	D.H. Skip Wilcox		100%
Manager, Prevention Section	C.T. Canterbury	25%	75%
Manager, Training & Certification Section	Terry Stanclift	75%	25%
Trainer	Robert MacConnel	75%	25%
Manager, Technical Assistance Section	Kay Flinn	90%	10%
Addictive Diseases Counselor (Employee Assistance Program)	Candis Compton	65%	35%
Chief, Reporting & Evaluation Bureau	Robert Anderson	50%	50%
Evaluator	Norma Jean Boles	75%	25%
Evaluator	Vacant	75%	25%
Manager, Planning Section	Joan Rutledge	50%	50%
Manager, Reporting Section (Management Information Systems)	Vacant	75%	25%

MONTANA ADVISORY COUNCIL on ALCOHOL and DRUG DEPENDENCY

VINCENT AMICUCCI, A.D.
Ophthalmologist
Office Phone: 442-4315
Office Address: 2225 11th Avenue
Helena, MT 59601
Member, Health Systems Agency Council

TOM CLAVIN
Alpha Industries
Office Phone: 443-2997
Office Address: 740 Front Street
Helena, MT 59601
Representing Liquor Industry

LARRY FASBENDER
Farmer, Legislator
Montana Senate
Address: Route 1, Box 23
Fort Shaw, MT 59443

MARTHA S. HERLEVI
Former Legislator, House of Representatives-District #71
Home Phone: 446-2871
Home Address: 221 East 11th
Red Lodge, MT 59068

SHARON PETTIT
Director, WestMont Community Care, Inc.
Office Phone: 443-4140
Home Address: 715 Power
Helena, MT 59601

JOSEPH PLUMAGE
Indian Health Service
Service Unit Director
Blackfeet Reservation
Office Phone: 338-7511
Home Address: P.O. Box 83
Browning, MT 59417
Member, Gros Ventre Tribe

PEGGY SKELTON
Private Business (Dress Shop)
Home Phone: 549-3147
Missoula, MT 59801
Member, Crow Tribe

WILLIAM SPOJA, JR.
Fergus County Attorney
Office Phone: 538-8127
Lewistown, MT 59457
President, Montana County Attorney Association

ROBERT L. VanHORNE, Ph.D.
School of Pharmacy
University of Montana
Office Phone: 243-4111
Home Address: 4 Martha's Court
Missoula, MT 59801

The Advisory Council membership has been established so that both minority and poverty interests are represented.

Exhibit 5

C. Administration of Alcohol and Drug Programs

1. Administration of Alcohol Programs and Distribution of Liquor Tax Funds

The Department of Institutions distributes earmarked alcohol tax monies to counties based on a formula of 85 percent of the counties population and 15 percent is allocated to the counties according to the proportion of the county's land area to the State's land area (As per State Law). The law also provides for incorporated cities to receive 30 percent of the liquor tax from the County Treasurer and for counties to retain 4.5 percent for administration. (See Tables 19 - 21, Liquor Tax Distribution Information).

Counties are responsible for:

- Planning - Determining the best allocation of alcohol tax monies given local and state constraints and development of a county alcohol and drug plan.

- Provider selection - Choosing and contracting with the provider(s) best qualified to deliver a service. Monies may only be allocated to state approved programs.

- Contract Compliance - Monitoring the activities of chosen contractors to assure optimum performance and taking appropriate contract enforcement actions if necessary.

The Alcohol and Drug Abuse Division will administer statewide alcohol services based on the following activities:

- Planning - Preparation of an annual comprehensive state plan for alcohol and drugs based upon needs and information identified in county plans and legislative priorities.

- On-site Program Evaluations - Alcohol and Drug Abuse Division staff will conduct, at least annually, intensive on-site reviews of providers to ensure compliance with state laws and standards.

- Alcohol Information Systems (AIS) - All treatment programs receiving alcohol tax monies must report to the state on AIS in accord with Section 53-24-203 MCA.

The administration of alcoholism programs by the state is designed to accomplish the following:

- Assure that all funded treatment service providers meet the provisions of Chapter 24 of Title 53, MCA.

- Assure that service providers operate at an optimum level.

- Assure that clients are provided a continuum of services and are not lost in the referral process.

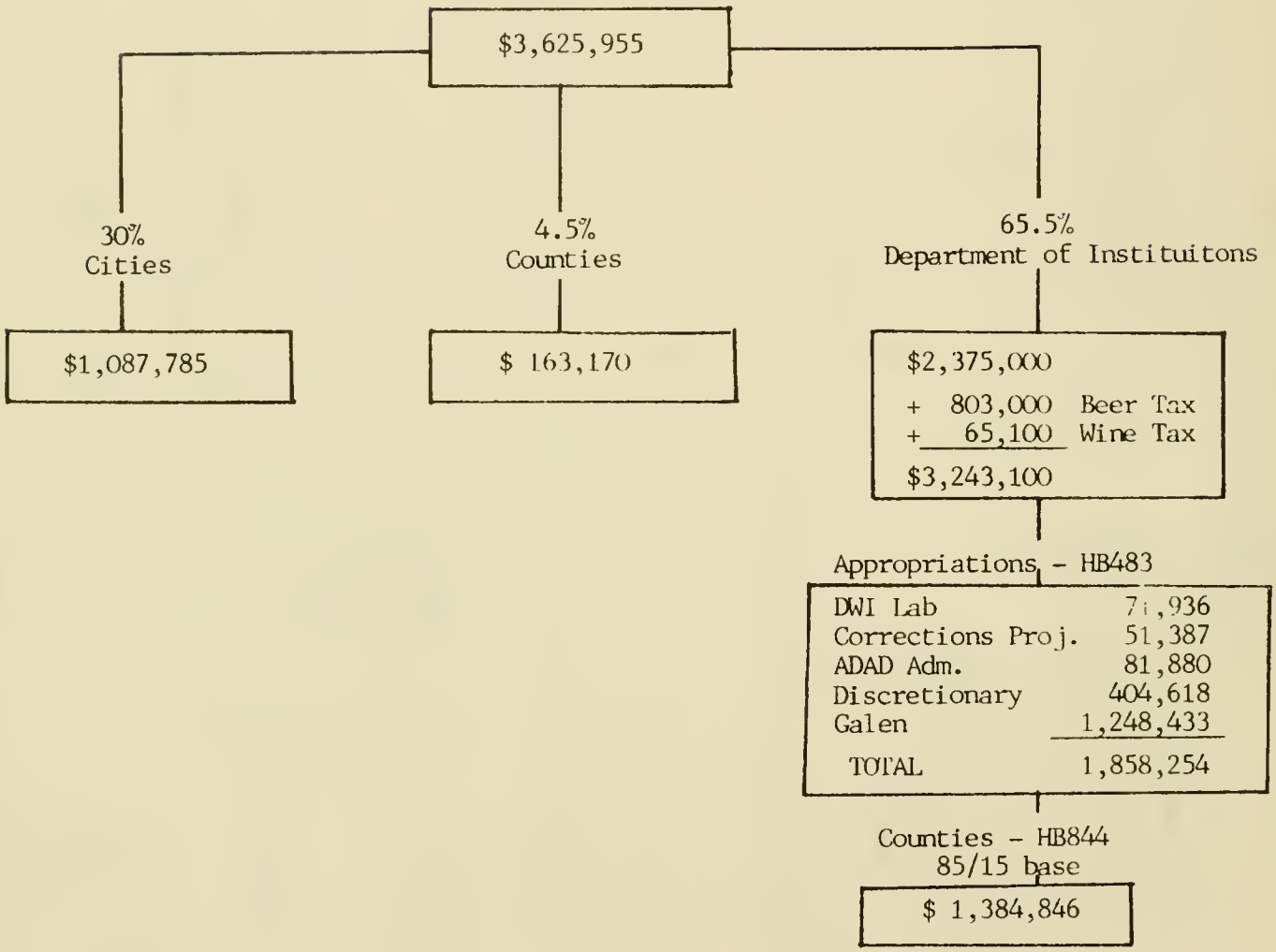
LIQUOR TAX DISTRIBUTION INFORMATION
Effective 7/1/79 (FY80-81)

LIQUOR TAXES	Total - 26% 16% Excise Tax to State General Fund 10% License Tax as follows: 65.5% Institutions Earmarked Alcohol Funds 4.5% To Counties* 30.0% To Cities & Towns** *Based on sales made by liquor stores in each county adjusted for out-of-county sales. **Based on sales to retail liquor dealers in each town. RESTRICTIONS: Both counties and cities and towns must use monies for law enforcement and regulation and control of the sale of liquor and the use thereof.	53-24-108 M.C.A. (HB844) Replaced HB627 65.5% Earmarked Alcohol Funds disbursed by Institutions on a MONTHLY BASIS to County Treasurer's.* 4.5% Disbursed by Revenue to Counties on a QUARTERLY BASIS. 30.0% Disbursed by Revenue to Counties for Cities & Towns on a QUARTERLY BASIS. *Portion funds Galen AT&R, DWI Lab, corrections counselors and ADAD administration.
WINE TAXES	WINE TAXES COLLECTED FROM DISTRIBUTORS - 20¢ Per Liter 16¢ Per Liter to State General Fund 1 1/3¢ Per Liter to Institutions Earmarked Alcohol Fund 1 1/3¢ Per Liter to Counties* 1 1/3¢ Per Liter to Counties & Towns* *Based on relative populations RESTRICTIONS: Both counties and cities and towns must use monies for law enforcement and regulation and control of the sale of liquor and the use thereof. WINE TAXES COLLECTED BY DEPARTMENT OF REVENUE 20¢ Per Liter collected by Department of Revenue 20¢ Per Liter to State General Fund	16-1-411 (1)(2)(a)(b) M.C.A. 1 1/3¢ Earmarked Alcohol Funds disbursed by Institutions on a MONTHLY BASIS to County Treasurer's.* 1 1/3¢ Disbursed by Revenue to Counties on a QUARTERLY BASIS. 1 1/3¢ Disbursed by Revenue to Cities and Towns on a QUARTERLY BASIS. 16-1-411 (3) M.C.A. Wine sales in State Liquor Stores. *Same as above.
BEER TAXES	$4.00 per barrel $1.50 to State General Fund $1.50 to Cities and Towns* $1.00 to Department of Institutions Earmarked Alcohol Fund *Based on relative populations RESTRICTIONS: Must be used for state purposes such as law enforcement, maintenance of the transportation system and public health.	16-1-406, 407, 408 M.C.A. $1.50 Disbursed by State Treasurer to cities and towns on a MONTHLY BASIS. $1.00 Earmarked Alcohol Funds disbursed by Institutions on a MONTHLY BASIS to County Treasurer's.* *Same as above.

ESTIMATED LIQUOR TAX

FY81

Earmarked Alcohol Revenue



FY81 level	$ 1,385,000	12% decrease
FY80 level	1,565,500	

Rev. Estimate Updated 3/17/80 DofI

Table 21

Estimated County Alcohol Earmarked Tax FY81

	HB844	HB627	Tot.FY80	FY81	Inc/Decrease
Beaverhead	19,325	3,225	22,550	20,984	- 1,566
Big Horn	22,394	2,709	25,103	24,317	- 786
Blaine	15,473	1,796	17,269	16,802	- 467
Broadwater	5,624	1,373	6,997	6,107	- 890
Carbon	13,868	2,989	16,857	15,058	- 1,799
Carter	7,113	441	7,554	7,723	+ 169
Cascade	126,131	31,835	157,966	136,960	-21,006
Choteau	14,146	1,665	15,811	15,361	- 450
Custer	22,319	5,360	27,673	24,235	- 3,438
Daniels	6,243	831	7,074	6,779	- 295
Dawson	18,179	3,277	21,456	19,738	- 1,718
Deer Lodge	22,981	5,130	28,111	24,953	- 3,158
Fallon	7,941	1,262	9,203	8,623	- 580
Fergus	24,261	3,947	28,208	26,344	- 1,864
Flathead	70,900	21,323	92,223	76,987	-15,236
Gallatin	59,488	15,256	74,744	64,595	-10,149
Garfield	8,182	383	8,565	8,884	+ 319
Glacier	20,697	5,785	26,482	22,473	- 4,009
Golden Valley	2,890	194	3,084	3,138	- 54
Granite	6,191	1,122	7,313	6,722	- 591
Hill	29,769	6,380	36,149	32,325	- 3,924
Jefferson	12,744	1,693	14,437	13,838	- 599
Judith Basin	6,384	801	7,185	6,932	- 253
Lake	26,579	6,063	32,642	28,861	- 3,781
Lewis & Clark	58,000	18,343	76,343	62,979	-13,364
Liberty	5,514	730	6,244	5,987	- 257
Lincoln	27,765	5,292	33,057	30,148	- 2,909
Madison	7,341	2,263	9,604	7,972	- 1,632
McCone	13,042	546	13,588	14,161	+ 573
Meagher	6,284	835	7,119	6,823	- 296
Mineral	6,676	1,926	8,602	7,249	- 1,353
Missoula	99,862	29,939	129,801	108,435	-21,366
Musselshell	8,420	1,129	9,549	9,143	- 406
Park	20,831	5,520	26,351	22,619	- 3,732
Petroleum	3,131	137	3,268	3,400	+ 132
Phillips	14,826	1,830	16,656	16,099	- 557
Pondera	12,155	2,324	14,479	13,199	- 1,280
Powder River	7,659	564	8,223	8,316	+ 93
Powell	13,789	2,144	15,933	14,973	- 960
Prairie	5,028	315	5,343	5,460	+ 117
Ravalli	29,920	6,705	36,625	32,489	- 4,136
Richland	16,781	3,367	20,148	18,221	- 1,927
Roosevelt	17,618	3,846	21,464	19,130	- 2,334
Rosebud	20,499	2,865	23,364	22,258	- 1,106
Sanders	15,385	2,677	18,062	16,705	- 1,357
Sheridan	10,048	2,596	12,644	10,911	- 1,733
Silver Bow	63,631	16,981	80,612	69,093	-11,519
Stillwater	10,035	1,708	11,743	10,897	- 846
Sweet Grass	6,766	1,462	8,228	7,347	- 881
Teton	12,431	1,721	14,152	13,498	- 654
Toole	10,385	2,403	12,788	11,277	- 1,511
Treasure	3,075	263	3,338	3,339	+ 1
Valley	25,804	3,026	28,830	28,019	- 811
Wheatland	5,199	1,174	6,373	5,646	- 724
Wibeaux	3,280	497	3,777	3,561	- 211
Yellowstone	144,493	40,068	184,561	156,898	-27,663

- Assure that treatment services are not duplicated within counties.

- Assure that special populations (minorities, youth, women, aged), received adequate and appropriate services.

As mandated by law alcohol programs are state-approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for state and county funds derived from the alcohol tax.

2. Administration of Drug Abuse Treatment Programs

All outpatient drug programs are now under a statewide services grant (SWSG) approved by National Institute on Drug Abuse (NIDA) April 11, 1980. There are eight (8) clinics providing services throughout the state. Three of the clinics are state operated, the other five are operated through contract services. The program is administered by the Alcohol and Drug Abuse Division. Functionally, all clinics fall under the Montana Drug Supervisor who works for the Community and Program Development Bureau Chief. A Director of Treatment and Rehabilitation, reporting to the Drug Program Supervisor, is responsible for the three state-operated clinics. The Director of Treatment and Rehabilitation and Drug Supervisor are responsible for providing technical assistance to all drug programs.

Lighthouse is a state operated residential treatment facility located in Galen, Montana. Lighthouse is a component of Galen State Hospital, which is part of the Department of Institutions, Mental Health and Residential Services Division. There are 15 residential treatment beds at Lighthouse. The NIDA statewide services grant provides funds for 10 residential slots. At this time, the Division awaits approval from NIDA to convert the 10 residential slots to 22 outpatient slots.

ADAD has contracted with Great Falls Providence Center (Carousel) for 20 outpatient slots, and 20 in the Flathead Indian Reservation. The 22 conversion slots from the residential quota were requested due to a greater need for outpatient treatment. These 22 outpatient drug treatment slots will be utilized in Kalispell at the Flathead Valley Chemical Dependency Services program. This organization is an approved alcohol program. A Montana State Law requires that any new outpatient drug program must be contracted through an existing alcohol program.

In February 1980, ADAD received supplemental funding from the Montana Board of Crime Control for continuation of drug counseling services in three state correctional institutions: Swan River Youth Forest Camp, Pine Hills School for Boys and Montana State Prison. ADAD contracted with the Flathead Valley Chemical Dependency Program to administer the Swan River Program and the Region I Alcohol and Drug Abuse Board to administer the program at Pine Hills School for Boys in Miles City. The chemical dependency services for the Montana State Prison are provided by a state staff member supervised by the Director of Treatment and Rehabilitation.

Comprehensive on-site program evaluations of the outpatient drug abuse treatment programs are conducted every four months by ADAD Reporting and Evaluation Bureau staff to ensure program compliance with State and Federal standards. Technical Assistance is provided based on weaknesses identified during the program evaluation as well as upon request from the clinic. In addition, the Director of Treatment and Rehabilitation and the Drug Supervisor visit all the clinics on a continuing basis to provide Technical Assistance.

The Division uses the following procedures for allocating drug slots and selecting contractors.

Slot Allocation

Slots are assigned to existing programs and proposed for new programs based on:

1) Needs assessment - information which includes a description of the extent of the community's drug problem; primary drugs of abuse by sex, age and race; identification and documentation of community need and support.

2) Analysis of treatment data to ensure appropriate clients - priority is given to populations with the greatest clinical needs. Programs must assure ADAD that provisions will be made to meet the treatment needs of special populations particularly Native Americans, women and youth.

3) To ensure accessibility of services, geographic areas will be considered in distribution of treatment slots so that slots are allocated equitably statewide.

4) Allocations will be based on priorities as delineated in the State Alcohol and Drug Plan and approved county alcohol and drug plans.

5) A technical on-site evaluation will be made by the Drug Supervisor and other ADAD staff prior to allocation or reallocation of slots.

6) Reallocation of slots will be made if a program's existing slots are underutilized, inappropriately or ineffectively utilized.

Contractor Selection

In selecting statewide services contractors the Division will consider the following:

1) Any expansion of drug services will be made by contracting with existing state approved alcoholism programs for development of a drug component as mandated by HB 483 and as recommended in the Montana State Alcohol and Drug Plan, Montana State Health Plan and Montana Health Systems Plan.

2) In the event that more than one state approved alcohol program in a community applies for drug slots, priority will be given to the program having a state approved outpatient component for the purpose of avoiding duplication of services.

3) Ability of the proposed contractor to manage a comprehensive drug program will be considered based on prior program evaluations.

4) Proposed contractor must be able to provide adequate program participation and matching funds.

5) Geographic location will be considered so that accessibility and utilization of drug program services are maximized.

3. Contract Process

The Division has developed and will utilize a standardized system for reviewing proposals and awarding contracts. (See Appendix A). A Bidder's Conference will be conducted each year to inform programs of the contract system and review criteria.

4. Contract Monitoring

Provider compliance with contract provisions, in the interim periods between on-site program reviews, will continue to be done by the Reporting and Evaluation Bureau and Management Services Division according to the following procedures:

- A contractor master list is maintained and updated on a monthly basis.
- Provider requests for reimbursement are reviewed to ensure completeness and that requested amounts are in line with contract provisions.
- Payments of requests for reimbursements will be authorized by the Management Services Division.
- Quarterly program reports will be reviewed to determine whether programs are meeting their goals and objectives as outlined in their current contracts.
- A log showing the date of request for reimbursement, payment date and total payments made to date is maintained and updated monthly.

D. Budget Process

Budgets are developed annually by the Alcohol and Drug Abuse Division based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division to the Governor's Office of Budget and Program Planning (OBPP) for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

After review by the OBPP, the Department of Institutions' budget is given to the legislative appropriations subcommittee. The subcommittee compares the Department's budget, included in the Executive Budget, to a similar budget prepared by the Legislative Fiscal Analyst. Through negotiations, a final budget is arrived

at by the legislative appropriations subcommittee. The budget, as agreed upon by the subcommittee, the Office of Budget and Program Planning, and the Department of Institutions is submitted to the legislature for final appropriations. Appropriations are made on a biennial basis by the legislature.

Budget modifications needed when the legislature is not in session are reviewed by the Office of Budget and Program Planning acting as an interim authority on behalf of the legislature.

E. Third Party Payments and Client Fees

The 1979 Montana Legislature passed a bill which required that benefits for the treatment of alcoholism and drug addiction be made available as an option in all group and individual health insurance policies (Section 33-22-701 MCA). The Department of Administration negotiated a plan for state employees which includes inpatient and outpatient treatment for alcohol and drug addiction. The new state insurance plan went into effect in September 1979. The Division also published a Third Party Reimbursement Procedure Manual which is designed to assist community programs in filing insurance claims for treatment of alcoholism and drug dependency. The manual also explains the minimum benefits that insurance carriers must offer as an option in their policies. The insurance manual was distributed to all programs in April 1980 and should facilitate collection of claims by treatment programs.

A priority in the FY 80 State Plan was to encourage all service providers to implement sliding fee schedules. All residential facilities are required by law to charge fees based on the client's ability to pay. At this time approximately 70 percent of Montana's alcoholism programs and all drug programs have developed sliding fee schedules. The Division expects any alcoholism program receiving state discretionary monies to, at a minimum, generate five percent (5%) of their total budget from client fees.

Drug programs funded under NIDA's statewide services grant must provide 39 percent of their budgets from client fees and in-kind services.

F. Licensure, Certification Standards and Credentialing

1. Facilities

Alcohol service programs must be approved by the Department in accordance with the standards and procedures for the operation of alcohol facilities set forth in 53-24-208 MCA. Alcohol programs are approved or disapproved by the Department (ADAD) annually based on comprehensive on-site reviews. A program must achieve and remain in approved status to be eligible for state and county monies derived from the liquor tax.

2. Certification

Draft certification standards were completed this year and will be submitted for public hearings in July. The system is competency based and will provide for basic certification and endorsement in four specific areas; these are:

1) Counseling - Alcohol
2) Counseling - Drugs
3) Prevention/Education
4) Management/Supervision

A copy of the draft standards are included as Appendix B .

G. Special Emphasis Programs

1. Minorities

The racial distribution in Montana is 95.5 percent white with approximately 4.2 percent of the remainder being Native American. There are seven Indian Reservations within the state as well as substantial landless and urban Indian populations in major cities. The seven reservations all have comprehensive alcohol programs and there are two urban Indian alcohol and drug abuse programs within the state. Reservation and urban Indian programs are funded by NIAAA, 2 urban programs and 2 of the reservations received supplemental support from ADAD during FY 80.

As pointed out in the FY 80 State Plan, an area of concern in Montana is the need to provide drug abuse services to Montana's Indian population. Because of lack of reservation drug abuse services, tribal alcoholism programs are relied upon to also provide drug services.

A priority in the FY 80 State Plan was to initiate drug services on the Flathead Reservation; this was accomplished in August 1979 with funding from NIDA's statewide services grant. Twenty (20) outpatient slots were allocated to the Flathead Program. Also, in response to the need for more drug services to Indians, 20 NIDA outpatient slots were approved for the Providence Center (Carousel) in Great Falls. Great Falls is the major service center for northcentral Montana, Region II (See Map, page 6). A significant segment of Region II's population is American Indian. Three of Montana's seven reservations lie within this region:

- Blackfeet Indian Reservation
- Rocky Boys Indian Reservation
- Fort Belknap Indian Reservation

The Providence Program has designed its program to meet the needs of a large rural area and particularly to meet the needs of the region's Indian population.

Rimrock Drug Program in Billings is located near the Northern Cheyenne and Crow Reservations. Rimrock's present caseload, according to CODAP statistics, is made up of 16 percent Indian clients.

During FY 81, "state-approved" reservation alcoholism programs will be encouraged to submit proposals to the Division for inclusion in Montana's statewide services grant application so that as slots become available they can be moved to reservation programs with a documented need.

Problems typical of both on and off reservation Indians include solvent abuse and poly drug problems which nearly always involve alcohol.

During FY 80, 72 Indians were admitted to community drug programs and 1,253 were admitted to alcohol treatment programs.

During FY 80 a prevention mini-grant was awarded to the Flathead Reservation to train local law enforcement officers in implementation of the Uniform Alcoholism and Intoxication Act.

2. Women

As reflected by the data presented in the Needs Assessment Chapter, women make up approximately 30 percent of the drug treatment population and, excluding the prison programs, women make up 36 percent of the drug treatment population. This percentage has increased significantly from last year and seems to be a direct result of more emphasis being placed on outreach and educational activities aimed at chemically dependent women.

Approximately 23 percent of persons entering Montana's alcohol treatment programs are women. Of these, the vast majority are treated in outpatient programs (30.6%) with the next largest grouping being put through medical detox (19.5%).

The available information indicates women may suffer from different kinds of chemical dependency problems than men. Women report problems resulting from the use of depressants (barbiturates, sedatives and tranquilizers) far more frequently than men. Of the total admissions to Montana drug abuse treatment programs in 1979, 21 percent of the women entering treatment listed depressants as their primary drug of abuse whereas only 15 percent of the men indicated a problem with depressants. It has also been suggested that women with alcohol or drug problems may be misdiagnosed as being "nervous" or "depressed" when they seek professional help for their problems. The result of such misdiagnosis may be a prescription for tranquilizers which can only compound the problem. Due to the relatively small number of women seeking alcoholism treatment, there appears to be a need for outreach efforts especially geared to reaching women. Lack of child care services is seen as one deterrent for women seeking treatment. Fear of social stigmatization, particularly in Montana's towns and rural communities, is a prime concern among women.

The Statewide Task Force on Women and Substance Abuse, organized in FY 78 by the Director of the Department of Institutions in cooperation with the Alcohol and Drug Abuse Division, was continued during FY 80 (See Exhibit 6, List of Task Force Members). As published in the FY 80 State Plan, the task force developed specific recommendations and action strategies for outreach, prevention and education, treatment and training. The task force determined this year that their number one priority was to develop a womens' advocacy project. Because of the lack of state funds, a grant application is currently being developed which will be submitted to appropriate federal funding agencies. If funded, the project would provide for a women's advocate position within the Alcohol and Drug Abuse Division. The advocate would be available to speak to community organizations, women's groups, etc. on a statewide basis and would develop a basic presentation for the purpose of mobilizing an early identification campaign aimed at women.

MEMBERS - WOMEN'S TASK FORCE ON SUBSTANCE ABUSE

GLADYS ELISON
5 Valley Council
Missoula County Courthouse
Missoula, MT 59801

KAY FLINN, Vice Chairperson
710 N. Meade Ave.
Glendive, MT 59330

MARTHA HERLEVI
221 East 11th
Red Lodge, MT 59068

MELVIN JOHNSON, M.D.
526 Kensington
Missoula, MT 59801

CAROL JUDGE
4 Carson Place
Helena, MT 59601

PAT KNIERIM
PO Box 149
Glasgow, MT 59230

SHERRY PETTIT
715 Power
Helena, MT 59601

PEGGY SKELTON
204 Simons
Missoula, MT 59801

KAREN SLOULIN
Changes - SMDP
64 W. Broadway
Butte, MT 59701

MARILYN THORNE, Chairperson
3348 14th Ave. So.
Great Falls, MT 59401

HELEN WILSON
Eastern MT College
Graduate Studies
Billings, MT 59101

CAROLYN ZIMMET, Chief
Community Services Bureau
Department of Institutions
1539 11th Ave.
Helena, MT 59601

ADAD Staff:

NORMA JEAN BOLES, Manager
Technical Assistance Section
Alcohol & Drug Abuse Division
1539 11th Ave.
Helena, MT 59601

JOAN RUTLEDGE, Program Planner
Alcohol & Drug Abuse Division
1539 11th Ave.
Helena, MT 59601

Exhibit 6

In March 1980 a five bed halfway house for women was opened in Helena with supplemental funding from the Division.

3. Youth

The data presented in the Needs Assessment suggest that the abuse of marijuana, amphetamines and hallucinogens rank highest among Montana's youth. Over 29 percent of persons under the age of seventeen admitted to drug programs listed marijuana as their primary drug of abuse followed by amphetamines at 23 percent and hallucinogens at over 12 percent. Of all admissions to drug programs in 1979, 26 percent were under the age of seventeen and 43 percent of the client treatment population was under the age of twenty.

Admission data to statewide alcohol programs indicate that approximately 12 percent of the caseload consists of persons under the age of twenty and 14 percent of clients admitted to DWI court schools are under twenty.

The alcohol education curriculum kindergarten through grade twelve was completed and distributed prior to the 79-80 school year. The curriculum is being used in all parochial schools and has been initiated in several public schools throughout the state although its use is optional.

The Teacher's Guide for Alcohol Education was prepared by the Alcohol and Drug Abuse Division in coordination with the Office of the Superintendent of Public Instruction and the Montana Catholic Conference. The primary emphasis of the curriculum is to help the students develop decision-making and coping skills which can be used to make informed and rational choices regarding the use of alcohol.

The Division also assisted the Department of Health, Preventive Services Bureau, in developing a federal grant for teacher training in the alcohol curriculum. The grant also provides for inclusion of a smoking component within the existing curriculum.

Community needs assessment and arrest data continue to support the need to target alcohol and drug abuse prevention at the 20 and under age group. Drug and alcohol education and information for youth are among the most commonly expressed community needs.

Data from the Montana Substance Abuse Planning Study (1980) suggest that additional prevention activities should be aimed at children in grades kindergarten through six. Additionally, the study indicated that parents and teachers should receive more substance abuse education and effectiveness training. This need for parenting programs was also identified in the 1978 Youth Task Force Needs Survey and the 1978 Youth Task Force Report. During FY 80, eight out of twelve prevention mini-grants were awarded for activities specifically aimed at youth:

1) $3000 to the Billings Voice for Children to teach peer counseling skills to 75 youth and youth workers in Miles City and Butte.

2) $3000 to the Flathead Valley Chemical Dependency Program to implement the Montana Alcohol curriculum in the Kalispell elementary schools.

3) $1500 to the Families are Responsible Program to sponsor a parenting workshop in Bozeman for 150 people.

4) $166 to the Sweetgrass County Foundation to tour a substance abuse puppet show to five county schools.

5) $3000 to the Great Falls Junior League to implement the Montana Alcohol curriculum in the Great Falls Junior and Senior High schools.

6) $1500 to the Montana Catholic Conference to implement the Montana Alcohol curriculum in Montana parochial schools.

7) $1571 to the 19th Judicial District Probation Department for training 4-6 parenting skills trainers in Lincoln County.

8) $10,987 to the Gallatin Council on Health and Drugs to provide intensive weekly parent effectiveness training to 100 parents over a nine month period.

The Alcohol and Drug Abuse Division continues to coordinate with the Department of Social and Rehabilitation Services, Child and Youth Development Bureau in planning activities to meet the needs of youth.

One of the Division's ongoing priorities has been the provision of alcohol and drug abuse services to offenders in the criminal justice system. The Swan River Youth Forest Camp Chemical Dependency program has enrolled over 60 percent of the youth camp residents since its initiation in 1977. The counselor maintains a caseload of 12 to 17 individuals. During the past year two wilderness trips were organized for chemically dependent residents. The Wilderness Program is based on the Colorado Outward Bound program which is designed for correctional facilities. The wilderness trips include a highly structured discipline intended to create a caring and sharing therapeutic community through an in-depth "alternative experience" designed to develop a sense of shared achievement for participants. A peer assessment program has been started at Swan River where each client is asked to participate in the peer assessment project prior to completion of the chemical dependency program. It has been found that peers do an excellent job of assessing one anothers progress and offering mutual support.

Pine Hills School for Boys maintains an average population of approximately 102 boys. Statistics provided by the school indicate that approximately 70 percent of the average inmate population have had legal complications resulting from the use of alcohol and drugs. During 1979 thirty-three boys were admitted to the chemical dependency program.

The services provided at the correctional institutions include alcohol and drug education, therapy and counseling for inmates and supportive (aftercare) services for residents returning to their respective communities. Liaisons are also established through probation and parole.

4. Elderly

Statistics indicate that alcohol is by far the greatest drug of abuse among

Montana's elderly coupled with the misuse of prescription drugs.

Potentially dangerous self medication behaviors among the elderly can include:

1) a lack of knowledge of the name or action of a particular drug;

2) a lack of knowledge of how a particular drug must be taken to be effective (chewed or swallowed whole, with or without food, etc.);

3) a lack of knowledge of what constitutes a side effect;

4) taking medication irregularly because of lack of motivation, forgetfulness, expense, or self-determination of need;

5) "stretching" medication to make it last longer than the period for which it was prescribed;

6) borrowing and lending medicines;

7) saving old medicines and tending to self-treat with these;

8) overdosage by the ingestion of duplicate medications prescribed by different physicians;

9) mixing different drugs in one container;

10) the inappropriate use of over-the-counter medicines.

The Division's Prevention Section provided a "Drugs and the Elderly" package, developed by NIDA, to the Changes Drug Program in Butte and to the Wheatland Family Services in Harlowton. These packages, which include films and handout material, were well received in both communities. Contacts have been developed with the National Retired Teachers Association and the American Association of Retired persons for the purpose of providing packages to chapters within Montana.

One of the goals listed in Montana's prevention plan is to increase prevention programming to the elderly; this will include a delivery of the NIDA "Elder Ed" presentation to at least fifteen communities throughout the state in FY 81.

5. Rural Programs

Montana is an almost entirely rural state. Montana's two major cities, Billings and Great Falls, both have populations of less than 100,000. Although these communities could be considered as metropolitan areas, both are service centers for large, rural, agricultural populations. Clients seeking treatment in these cities often originate from a rural setting. Montana has a population of approximately 700,000 spread throughout 147,138 square miles, an average of less than five persons per square mile.

Rural problems make basic planning, needs assessment and program implementation more time consuming in Montana than in urban or semi-rural states.

As stated in previous state plans, the Division views consolidation of service resources as a desirable means of reducing costs, increasing availability and accessibility of services and ultimately improving continuity of services. In accordance with this philosophy and legislative direction, priority for awarding the Department's discretionary funds was given to:

1) Rural county programs that had formed multi-county programs or contracted services from urban programs, and

2) Rural programs impacted by the passage of HB 844 in July 1979.

Also, counties that had formed multi-county programs were allowed to develop multi-county alcohol and drug plans rather than individual county plans.

II. MANAGEMENT INFORMATION SYSTEMS FUNCTIONAL PLAN

A. FY 80 Performance Report - Management Information Systems.

Objective 1 - Continue to manage and maintain client reporting and Management Information Systems of all substance abuse programs; including the Client Oriented Data Acquisition Process (CODAP), the Alcohol Information System (AIS), the National Drug Abuse Treatment Utilization Survey (NDATUS), and the State Alcohol Profile Information System (SAPIS).

ADAD continued to receive, edit, and validate CODAP information from all statewide drug programs. CODAP information is forwarded to NIDA in an accurate and timely manner. All tasks related to participation in the National Drug Abuse Treatment Utilization Survey (NDATUS) were accomplished within the time frames designated by NIDA.

Alcohol Information System (AIS) and Client Oriented Data Acquisition Process (CODAP) data were analyzed utilizing the Statistical Package for the Social Sciences (SPSS) computer package. Output reports were generated and distributed to ADAD staff and direct service providers for use in program planning, management and evaluation.

Technical Assistance and training were offered to help community program personnel meet all reporting requirements and to ensure accurate information.

Objective 2 - Develop, test, and implement a revised Alcohol Information System to provide polydrug, program effectiveness, and other additional demographic information.

During fiscal year 1980 ADAD continued development of a revised AIS due to problems with the current system as explained in the FY 80 Plan. This was in accordance with a contractual agreement established in January 1979 with the Information Systems Division, Department of Administration. The procedure included nine phases of development, each separately funded and subject to ADAD approval.

The revised format includes additional data elements which were requested by alcohol treatment programs or required by the legislative process. New data elements include questions about physical abuse in the home, skill development, and polydrug use. The polydrug information which was incorporated into the revised AIS will provide useful information about individuals entering treatment programs who abuse drugs other than or in addition to alcohol. This data will be used for planning and will also be taken into account when allocating or redistributing drug slots.

The combined Admission/Discharge Record was replaced with separate Admission and Discharge Records, and a Follow-Up form was added. The Monthly Summary Report, which provides summarized information not collected by the computerized AIS, was also revised which improved accessibility of specific information needed in preparation of the summarized monthly report prepared by ADAD, while reducing the length of the monthly report required from alcohol treatment programs.

The instruction manuals for both the Monthly Summary Report (MSR) and Alcohol Information System (AIS) were completely rewritten and combined into a single document.

ADAD and treatment program staff received training in the new reporting system during the month of December 1979. The new forms (Admission, Discharge, Follow-Up) were distributed during December and the new system implemented January 1, 1980. Additional training will be continued throughout this fiscal year as non-random errors indicate areas of misunderstanding.

Objective 3 - Determine data elements that can be used as program effectiveness indicators to allow comparison of similar programs.

Effectiveness indicators were selected by ADAD staff with input from service provider personnel. These indicators were incorporated into the computerized Alcohol Information System during FY 80 and beginning in June 1980, a quarterly Program Effectiveness Output report will be available to the Division and community programs. The report includes effectiveness information about source of referral, reason for discharge and follow-up availability as well as measuring changes in substance use, employment, and educational skill development between admission, discharge and follow-up.

A chapter on data utilization, by service modality, was included in the Montana Alcohol Information System Manual. The chapter is intended to provide basic ideas for assisting treatment programs in using AIS data output for planning, management and in monitoring program effectiveness.

NIDA recently initiated the Management by Exception Report which can be used for determining effectiveness of drug programs. The report provides information about the percent of clients in treatment longer than 120 days, programs' completion ratios, percent of clients productive at discharge, percent of clients arrest-free at discharge. This report is also useful because Montana drug treatment data can be compared with the national average.

B. Description of Systems

ADAD maintains separate reporting systems for alcohol and drug treatment programs; AIS for alcohol treatment programs, CODAP for drug treatment programs. There is also a manually processed Monthly Summary Report (MSR) required from alcohol treatment programs which collects selected information, in summarized form, not included in the automated AIS.

The Management Information System is an integral part of ADAD program operation. ADAD recognizes that reliable statistical data is essential for effective program planning, management, and evaluation.

The Statistical Package for the Social Sciences (SPSS) is used for special data and trend analysis. SPSS has proved useful for both state and program level applications because it allows the Division to respond to specific requests for data comparisons in a timely and cost effective manner with minimal consumption of staff time.

C. Utilization of Data

Data pertaining to the incidence and prevalence of drug and alcohol use and resultant problems within Montana have been collected from several sources.

The most detailed analysis of drug and alcohol treatment data available to the Division is based upon the Client Oriented Data Acquisition Process (CODAP) and the statewide Alcohol Information System (AIS). The state office also utilizes the Statistical Package for the Social Sciences (SPSS) to aid in retrieval and analysis of CODAP and AIS data.

CODAP and AIS data are used to determine levels of service utilization, characteristics of Montana's treatment population and, along with other available information, to identify specific areas of need. The information is also used to determine allocation of NIDA treatment slots and is the basis for program management, planning and evaluation.

The Division also relies on hospital admission data, crime and arrest data, and other sources of information for indicators of drug and alcohol related problems. Data available to the Division is used for the following purposes:

- To provide the state office with standardized statistical information essential for policy-making and decision-making for efficient program management, planning and evaluation.
- To provide local service providers with reports about client caseload characteristics, information about client population and program activity information.
- To provide data comparing all programs on a statewide basis using a standardized procedure.
- To assist the state office in assessing the need for additional services.
- To assist in the evaluation and management of existing programs.
- To respond to requests for information.

Planning

In preparation of the annual state plan, managers of each section within the ADAD drafted proposed goals, objectives and action steps specific to the function of each section. The action plans are based upon needs determined from county plans and statistical data presented in the "Needs Assessment" chapter of this plan.

Basic descriptive data about each client is collected from the AIS and CODAP systems. These data are analyzed to determine trends in programs' client population and to ascertain whether needs of special populations are being met. Based upon identification of high risk populations, prevention and treatment activities are targeted at high risk or underserved groups.

Monitoring & Evaluation

MIS data is also used to monitor and evaluate treatment programs. The Division examines reasons for discharge from Montana's community treatment programs for the purpose of monitoring completion and non-completion ratios to estimate treatment outcomes and average length of stay in treatment is determined and correlated with reason for discharge. Programs having a high non-completion rate are reviewed by program directors and the state office so that possible problems can be corrected.

Drug programs are continually monitored through CODAP to determine slot utilization. Slots are allocated and/or reassigned depending upon slot utilization rates.

Specific program effectiveness indicators were developed by ADAD during the previous fiscal year. These indicators were incorporated into the AIS during FY 80. Review of follow-up information during on-site reviews was essential for assisting programs in determining successful and/or neglected areas of treatment.

D. FY 81 Proposed Activities - Management Information Systems

The Alcohol and Drug Abuse Division will continue to maintain the Client Oriented Data Acquisition Process (CODAP) for all drug abuse programs and the Alcohol Information System (AIS) for all state approved alcohol treatment programs. In addition to the ongoing alcohol and drug reporting systems, ADAD will complete NIDA's National Drug Abuse Treatment Utilization Survey (NDATUS) and NIAAA's State Alcohol Profile Information System (SAPIS) within time frames designated by the Institutes.

The revised AIS was developed to provide accurate alcohol treatment information, in a timely manner, without unnecessary manual processing. The reporting system initiated January 1, 1980, was a necessary first step toward eventually satisfying these requirements, but it cannot be considered as complete at this time. Funding limitations and development time were factors preventing implementation of a reporting system which included useful, but not immediately essential, features. During fiscal year 81 ADAD and Information Systems Division will examine alternatives and costs associated with adding these features.

One area of interest is the incorporation of a computer terminal (CRT) within ADAD for the purpose of making changes and programming special request runs. If errors could be corrected directly from a computer terminal the keypunch costs associated with error correction and changes could be eliminated. The terminal would also provide a current data list of client status, which is necessary for elimination of manual logs.

A second problem area is the training of alcohol treatment personnel in accurate completion of the new reporting system. The polydrug matrix is an excellent data collection instrument but only when understood and accurately completed. Training will be continued throughout the fiscal year to ensure that accurate reports are submitted to ADAD by treatment programs.

Data collection and analysis of Montana Court School (DWI) client characteristics will continue through FY 81. This educational information is currently integrated into the Alcohol Information System data program. Editing criteria established as part of the revised AIS will ensure this information is separate from treatment data for purposes of analysis.

Training and technical assistance in reporting procedures is an ongoing function of the management information staff. Training sessions will be scheduled as difficulties with the revised system are identified. The Division's Management Information Section, in response to needs assessment information, will emphasize the interpretation and utilization of output reports during technical assistance visits and training sessions.

Increasing emphasis on women and youth within the alcohol and drug treatment field will require additional data analysis during the next fiscal year.

Division staff feel it is extremely important to determine the number of inpatient, detoxification, intermediate care and transitional living beds needed throughout the state. This will be accomplished by doing a patient origin study and by analyzing current program utilization rates. This project will be assigned to the Management Information System Section Manager. The study will be conducted by using the present alcohol information system with some minor modifications once a bed need formula is established. Results of the study will be used in planning for future services and as a guideline for legislative recommendations. It is anticipated that determination of bed needs, by service modality, for each region will also be useful to the Montana Health Systems Agency (HSA) in their review of alcohol program federal grant applications and to the State Department of Health and HSA in certificate of need reviews regarding alcohol treatment programs.

E. FY 81 Work Plan - Management Information Systems

Objective 1 - Continue to manage and maintain client reporting and Management Information Systems of all substance abuse programs; including the Client Oriented Data Acquisition Process (CODAP), the Alcohol Information System (AIS), the National Drug Abuse Treatment Utilization Survey (NDATUS), and the State Alcohol Profile Information System (SAPIS).

Method

a) Manage the flow of data from all reporting units to the Alcohol and Drug Abuse Division and ensure that federal reports (CODAP, NDATUS, SAPIS) are submitted to NIAAA/NIDA in a timely and accurate manner. Ongoing.

b) Receive, edit, and validate all management information data (CODAP, AIS, NDATUS, SAPIS) from all state reporting units, pinpoint deficiencies and take necessary corrective action to produce consistent and timely data. Ongoing.

c) Continually assess and modify the information collection and validation process to assure a smooth operational flow of data. Ongoing.

d) Continue to analyze incoming data, generate output reports and relate them to management needs of ADAD and direct service providers. Ongoing.

e) Assist local substance abuse programs in meeting all reporting and management information system (CODAP, AIS, NDATUS, SAPIS) requirements as outlined in the respective handbooks. Ongoing.

f) Train treatment personnel in data collection and data utilization for CODAP, AIS, NDATUS, and SAPIS as required. Ongoing.

g) Generate and distribute monthly reports for state level program management. Ongoing.

Objective 2 - Evaluate feasibility of establishing direct terminal link with the Department of Administration IBM 370/158 for the purpose of correcting errors discovered during initial keypunch of treatment forms.

Method

a) Establish contract with Information Systems Division, Department of Administration to review costs and benefits associated with direct terminal linkage by August 31, 1980.

b) Determine costs associated with keypunching errors by September 30, 1980.

c) Make decision concerning installation of direct terminal linkage by January 1, 1981.

Objective 3 - To conduct a computerized patient origin study for the purpose of determining bed needs for each region by May 1981.

Method

a) Develop computer program to do a patient origin study by November 1980.

b) Determine current utilization rates by service modality of all existing alcohol treatment programs by January 1981.

c) Develop bed need formula and recommend number of beds by service modality for each region by May 1981.

III. RESEARCH AND EVALUATION FUNCTIONAL PLAN

A. FY 80 Performance Report - Research and Evaluation

Objective 1 - Conduct program evaluations of all alcohol and drug treatment programs at least annually and review any drug program funded through NIDA'S Statewide Services grant mechanism quarterly.

Comprehensive on-site program reviews are conducted of all drug abuse treatment programs every four months in accord with NIDA's statewide services grant review procedures and of all state-approved alcohol programs annually. Alcohol programs must achieve and remain in approved status to qualify for county and state funds derived from the liquor tax.

Program reviews are conducted by two Program Evaluators and when appropriate a Department fiscal analyst. Criteria for program reviews are based upon the procedures outlined in the Evaluation Handbook for Alcoholism Treatment, Drug Abuse and Community Based Mental Health Programs.

The purpose of on-site program reviews is to:

- Improve program performance and client service levels
- Insure statewide compliance with federal and state standards
- Achieve efficiency and economy in program operations
- Assist in determination of program funding levels and approval of contracts
- Determine areas of needed technical assistance.

Staff of the Division's evaluation section prepare and maintain a program review schedule in July of each year and program directors are notified well in advance of an on-site visit. Following each program review, standard reports are given to the Program Director and Board Chairman within one week of a site visit.

Programs are required to submit reports to the Division documenting that corrective actions have been taken to address weaknesses in accordance with time schedules established by ADAD. In cases where several areas of concern are noted during an evaluation, the Division may schedule a follow-up on-site review to ensure that all deficiencies have been corrected.

The evaluation section staff maintain a follow-up file by program which documents major recommendations, timetables for corrective action and date of program compliance. The evaluation section sends a copy of all evaluations to the Division's Technical Assistance Section so that technical assistance visits can be scheduled to help correct deficiencies.

The overall priority in FY 80 for the evaluation section was to hire an additional program evaluator. During FY 79, the evaluation staff (1.3 FTEs) was overburdened in conducting on-site reviews of forty alcohol programs, three drug programs and the three correctional institutional chemical dependency programs. Also, due to

lack of evaluation staff, follow-up on unacceptable items found during on-site reviews was done by correspondence because staffing levels did not allow for many on-site follow-up visits. These problems, for the most part, were corrected during FY 80 with the addition of another full-time program evaluator.

During FY 80 the evaluation section conducted fifty-four (54) on-site evaluations; fifteen (15) of these were quarterly drug program reviews and thirty-nine (39) were annual alcohol program reviews. Four follow-up on-site reviews were conducted in FY 80.

Objective 2 - Revise evaluation criteria and procedures to ensure that evaluations meet local state and federal needs and standards.

The evaluation manual is currently being revised for the following reasons:

- To integrate appropriate JCAH criteria
- To stress program effectiveness
- To incorporate NIDA Statewide Services program review criteria
- To provide for quality assurance criteria
- Compliance with new state and federal laws

Draft evaluation components have been developed for the following service modalities:

- Detoxification
- Inpatient
- Intermediate
- Transitional Living
- Outpatient

The following sections of the evaluation manual are presently being revised:

- Organization and Program Management
- Personnel Management and Staff Development
- Financial
- Client Census and Quality Assurance

An evaluator attended a JCAH Training Seminar on the "New JCAH Consolidated Standards" in April 1980 for the purpose of gaining a thorough understanding of JCAH review standards. Appropriate JCAH criteria is being integrated into the revised evaluation manual particularly in the area of quality assurance.

NIDA Statewide Services review criteria and procedures have been thoroughly reviewed and have been incorporated into the revised components. Program collection and documentation of follow-up contacts to assess treatment outcomes in combination with quality assurance criteria have been included in every component.

The Division initially planned to have the new evaluation standards ready for public hearings in June 1980; however, due to extensive revisions public hearings will not be held until October 1980. This objective, in part, will be carried over to the FY 81 work plan.

Objective 3 - To conduct and support studies in the area of alcohol and drug abuse treatment.

As proposed in the FY 80 State Plan, cost per client data by treatment modality was developed this year based on financial reporting and client information systems.

Quarterly Financial reports reflecting actual program expenditures by modality are being submitted to ADAD. Utilizing this financial data with client data, ADAD has begun to manually develop cost per client information to utilize for future management and funding decisions. Average monthly expenditures by modality are computed and divided by average monthly caseload information by modality to arrive at an average cost per client. The following are average cost per client figures computed from financial and client reports submitted to ADAD for the first nine months of FY 80.

Detoxification (Social setting only and does not include medical detox)	(2 programs)	$216.00
Inpatient	(2 programs)	620.00
Intermediate Care	(3 programs)	475.00
Transitional Living	(2 programs)	405.00
Outpatient	(21 programs)	123.00

The above information was used by ADAD in the FY 1981 grant review process and will be updated using the entire FY 80 figures. ADAD will continue to develop this information on a quarterly basis as it is submitted. Other cost per client formulas are being analyzed by ADAD for possible use in the future.

The following studies were conducted by the Division:

1. A study to determine the need for a Youth Treatment Facility

2. A study to determine whether an inmate residential substance abuse program should be proposed for Montana State Prison. (See Criminal Justice Plan).

3. A training research project (See Training and Certification Plan).

As explained in the Management Information Section of this plan, a follow-up data collection system was initiated by the Division in January 1980 for the purpose of measuring program effectiveness and client changes (treatment outcomes) between admission, discharge and follow-up.

B. Internal Evaluation of the Alcohol and Drug Abuse Division

The internal evaluation of the Division is based on individual work plans presented in each functional section of the State Plan. The time frames presented for each action objective are monitored by the Bureau Chief of Reporting and Evaluation and by the Bureau Chief of Community and Program Development as well as the respective Section Managers and Unit Leaders. The Division Administrator also monitors progress throughout the year. The State Advisory Council on Alcohol and Drug Dependency continually reviews ADAD progress and makes necessary recommendations.

The Alcohol and Drug Abuse Division was reviewed by the Office of the Legislative Auditor in FY 79. A summary of recommendations made by the legislative auditors was included as an appendix to the FY 80 State Plan. The Division has implemented all recommendations which were made in the Legislative Audit Report.

Because the Division is responsible for providing overall direction and monitoring of community alcohol and drug treatment programs and is also responsible for ensuring statewide program compliance with state and federal standards, results of program review site visits are also considered to be indicators of ADAD performance.

C. FY 81 Proposed Activities - Research and Evaluation

The ADAD Evaluation Section will continue to conduct annual comprehensive on-site reviews of all alcohol and drug programs according to criteria published in The Evaluation Handbook. All comprehensive evaluations will include a site-visit and review of all program satellites. To ensure compliance with NIDA's statewide services grant, all drug programs will be reviewed every four months. Follow-up evaluations will be scheduled when major weaknesses have been noted during the on-site reviews. An evaluation report will be written and mailed to the Program Director and Chairman of the Board within one week of any site visit. Technical assistance will be offered to programs after they have undergone a comprehensive program review to help resolve identified deficiencies.

A program compliance file will be maintained and continually updated to document major recommendations, timetables for corrective action and program compliance dates.

The revised program evaluation criteria and procedure manual will be finalized by July 1980. As explained in the performance report, the revised evaluation manual will include: appropriate JCAH criteria, all NIDA Statewide Services grant review criteria, and quality assurance and program effectiveness criteria. Public hearings will be held in accordance with state law by October, 1980, and procedures revised, if necessary, prior to inclusion in Montana's Administrative Codes. The manual will be printed and distributed to all community treatment programs by January 1981.

The Division will continue efforts to measure program effectiveness by collecting program effectiveness data during on-site reviews and by analyzing the new Program Effectiveness Report for alcohol programs on a quarterly basis. The

CODAP Management by Exception Report will also be analyzed quarterly to determine effectiveness of Statewide drug treatment services. When problem areas are determined based on these reports program directors will be contacted so that possible problems can be corrected.

In 1981, individual program effectiveness and outcome data will be included in the funding review criteria.

Also planned for FY 81 is a complete reorganization of the evaluation filing system. A comprehensive program evaluation file will be developed for each community program. Each file will include copies of annual evaluation reports, compliance documents, relevant AIS data, program effectiveness indicators and specific program follow-up information. The expanded filing system should aid in the retrieval of pertinent evaluation information specific to each community treatment program.

D. FY 81 Work Plan - Research and Evaluation

Objective 1 - Conduct Program evaluations of all alcohol & drug treatment programs at least annually and review any drug program funded through NIDA's statewide services grant mechanism every four months.

Method:

a) Prepare annual site visit schedule by July 1980.

b) Conduct annual on-site program reviews of 38 alcohol programs including satellite offices - Ongoing.

c) Conduct on-site program reviews of six drug programs with 9 clinics, every four months, to ensure compliance with NIDA statewide services contract. (A total of 24 reviews per year.)

d) Conduct follow-up evaluations as required, when a program fails to meet evaluation criteria.

e) Develop program review and evaluation reports - within one week of the site visit - Ongoing.

f) Maintain a Compliance file to document major recommendations and time tables for corrective action - Ongoing.

g) Ensure that program evaluation reports are communicated and discussed with divisions technical assistance section - Ongoing.

Objective 2 - Implement the Revised Evaluation Criteria and Procedures Hand Book to ensure that evaluations meet local state and federal needs and enhance quality care.

Method:

a) Finalize the revised evaluation criteria and procedure handbook which has

integrated appropriate JCAH criteria, all NIDA Statewide services grant review criteria, specific care component criteria, quality assurance criteria and program effectiveness criteria which includes treatment outcomes by July 30, 1980.

b) Include revised evaluation procedures in Montana's Administrative Codes and hold public hearings in accordance with State Law by October 1, 1980.

c) Print and distribute the revised Evaluation Criteria and Procedures Handbook in program reviews by January 1, 1981.

Objective 3 - Monitor and analyze program effectiveness indicators and outcome measures established by ADAD.

Method:

a) A standardized program effectiveness report will be obtained from the AIS System quarterly and analyzed according to established effectiveness indicators.

b) The ongoing annual on-site program reviews will collect the following information:

- Number of contacts per client
- Client treatment outcomes
- Individual program effectiveness indicators
- Verification of client census
- Utilization statistics
- Follow-up data
- Test quality assurance standards

The above information will be compiled and analyzed quarterly.

c) The CODAP Management by Exception Report will be analyzed quarterly to determine effectiveness of Statewide Drug Treatment Services.

d) In 1981, program effectiveness and outcome measures data will be utilized in the funding reviews.

Objective 4 - Reorganize the evaluation filing system to promote efficiency and accessibility of information.

Method:

a) Evaluate the present system to determine additions or deletions by October, '80.

b) Develop and purchase filing folders and logs to make data more uniform and accessible by November '80.

c) To develop a comprehensive program evaluation file by incorporating relevant AIS data, effectiveness indicators and follow-up information by February '80.

IV. PLANNING AND COORDINATION FUNCTIONAL PLAN

A. FY 80 Performance Report - Planning and Coordination

Objective 1 - To provide a comprehensive means of assessing the needs of Montana for alcohol and drug abuse services and develop and update an Annual State Plan to meet identified needs.

County planning for alcohol and drug services was initiated during FY 80 in accord with Section 53-24-211 MCA. Standardized guidelines for county alcohol and drug plans were developed by the Division for use by counties in the development of their plans and a public hearing regarding the proposed guidelines was held prior to their adoption in the Administrative Rules of Montana. The format for county plans reflects the intent of the Division to standardize plan information for review, monitoring and evaluation; to allow for the development of multi-county plans; and to allow for revision of the guidelines without a complete rewrite or format change each year.

After the rules were adopted, review and approval criteria were established by the Division in coordination with the Montana Association of Counties. The planning schedule, as shown in Exhibit 2 , was presented at the public hearing and was adhered to by the Division.

Division staff were available to provide assistance to counties in development of their plans. Several counties requested and received technical assistance prior to submission of their plans. During the period between December 31 and March 1 the county plan review committee, comprised of the Reporting and Evaluation Bureau Chief, Community and Program Development Bureau Chief and Planning Section Manager, reviewed all county plans and presented recommendations to the Division Administrator and the Advisory Council on Alcohol and Drug Dependency. County commissioners were notified prior to April 1 with results of the plan review. Several counties were asked to supply additional information before approval could be granted. Technical assistance was available to counties, from the Division, to help correct county plan deficiencies.

Preparation of the annual state plan was based on needs and information identified in county plans, legislative priorities and from program performance documentation, cost data, and relevant statistical information. The plan was developed to be in accord with the Montana State Health Plan and the Montana Health Systems Plan.

The advisory council on alcohol and drug dependency recommended statewide priorities based on the above information.

Objective 2 - To develop federal/state grant proposals for Division and provide technical assistance to community programs in developing federal grant/contract applications.

The Division prepared and submitted the following grant applications in fiscal year 1980:

1) Proposal for continuation of NIDA's statewide services grant for provision of drug abuse services.
2) Continuation application for NIAAA Uniform Grant.
3) State Manpower Development Program continuation application to NIAAA.
4) State Training Support Program (STSP) continuation application to NIDA.

5) Proposal to Montana Board of Crime Control (MBCC) for continuation of alcohol and drug counselors within the state correctional institutions.
6) Proposal to NIDA for continuation of prevention planning activities.

Planning section staff coordinate with the Montana Health Systems Agency to facilitate federal grant applications which are subject to HSA review.

Technical assistance is available to local service providers, upon written request to the division in developing and submitting federal grant applications; including coordination with HSA and A-95 review agencies.

Objective 3 - Publish and distribute the Alcohol and Drug Abuse Division newsletter, "The Habit".

An agreement was formalized in July 1979 with an outside contractor for writing, editing and publication of the division newsletter on a bi-monthly basis.

"The Habit" continues to serve as a communication medium between the state office and local programs. Information regarding new films, publications and training events are included in each issue. In a statewide directors meeting in April 1980 the division asked that programs that have information they wish to share on a statewide basis submit articles for inclusion in "The Habit". Innovative program activities can be published in the newsletter and provide an opportunity for information exchange.

B. Coordination with other Agencies

1. Coordination with Mental Health

All community alcohol and drug programs have developed working relationships with community mental health centers which involve reciprocal client referral arrangements.

The Southcentral Community Mental Health Center in Billings is "state approved" to provide outpatient alcoholism services and also administers the alcohol programs in Stillwater and Carbon counties.

Administrators of the Alcohol and Drug Abuse Division and the Mental Health and Residential Services Division meet frequently to insure that a coordinated effort in planning for community based service delivery is an on-going process between Division's staff. An example of this coordinated effort is in the planning and conducting of on-site program reviews. Evaluation sections of both Divisions have worked out a coordinated evaluation schedule so they can jointly evaluate community agencies providing both mental health and alcohol services.

2. State Labor Assistance Agency

All alcohol and drug programs have been encouraged to establish working relationships with their local job services and employment agencies. Evidence of such coordination is documented in individual county plans.

3. Department of Justice

The Law Enforcement Services Division, Department of Justice has a direct legislative appropriation of $71,936 of alcohol liquor tax monies for operation of the law enforcement detection laboratory in Missoula. The detection laboratory analyzes blood, urine, and other body fluids submitted by law enforcement agencies and alcohol and drug programs throughout the state. Montana cannot enforce existing DWI laws without the expert testimony and proof developed by the detection laboratory.

DWI court schools were established in conjunction with state-approved alcoholism programs in FY 78. These schools have been maintained throughout Montana as a joint effort of the Alcohol and Drug Abuse Division; the Highway Patrol Bureau, Department of Justice; and the Department of Community Affairs; Highway Safety Division. ADAD and the Crime Control Division, Department of Justice have effectively shared planning information and statistical data in development of the Montana Comprehensive Plan for Criminal Justice Improvement and the annual State Plan for Alcohol and Drug Abuse. (See Exhibit 7 - Letter of Agreement)

Chemical dependency services were initiated in September 1977 in three state correctional institutions as a result of cooperative funding from the Alcohol and Drug Abuse Division and the Montana Board of Crime Control (MBCC). The Division received supplemental funding from MBCC again in FY 80 for continuation of chemical dependency services at Swan River Youth Forest Camp, Pine Hills School for Boys and Montana State Prison.

4. Vocational Rehabilitation

All community alcohol and drug treatment programs have been encouraged to coordinate with local vocational rehabilitation counselors. Individual county plans were reviewed by the Alcohol and Drug Abuse Division to ensure that all programs have established relationships with Vocational Rehabilitation.

5. Department of Education

Community programs work closely with local school systems in developing and implementing education and prevention services geared toward youth.

The ADAD Prevention Section has worked closely with the State Office of Public Instruction and the State Board of Education in development of alcohol and drug curriculum (K-12). The curriculum was available to public schools throughout the state on a voluntary basis, prior to the FY 79-80 school year.

Eastern Montana College sponsored a summer school on Alcohol and Drug Studies in June 1979 and will hold the summer school again this year.

6. Montana Health Systems Agency, State Health Planning and Development Agency and Statewide Health Coordinating Council

The Montana Health Systems Agency, Inc. (HSA) serves the entire State of Montana. In reviews of selected health care programs, including alcohol and drug services, for the Proposed Use of Federal Funds (PUFF) the HSA has approval/disapproval authority. The Montana Health Systems Plan, developed by the HSA, provides criteria for making recommendations and decisions about health care services. ADAD

State of Montana

Department of Institutions

Alcohol and Drug Abuse Division

GOVERNOR
THOMAS L. JUDGE

DIRECTOR
LAWRENCE M. ZANTO

DIVISION ADMINISTRATOR
MICHAEL A. MURRAY

COMMUNITY & PROGRAM DEVELOPMENT BUREAU CHIEF
GEORGE L. SWARTZ

REPORTING & EVALUATION BUREAU CHIEF
ROBERT W. ANDERSON

Helena, 59601
January, 1980

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MAR 3 1980
BOARD OF
CRIME CONTROL

LETTER OF AGREEMENT

This will serve as a formal letter of agreement between the Alcohol and Drug Abuse Division (ADAD) and the Crime Control Division.

Alcohol and Drug Abuse Division will provide Crime Control Division:

1. Access to all data collected pursuant to the Client Oriented Data Acquisition Process (CODAP), as well as the services of the ADAD staff to analyze this data as may be required by the Crime Control Division.

2. Access to all supplemental data collected in addition to CODAP system data, to the extent that client confidentiality is maintained.

3. Cooperation in any future Crime Control Division efforts to collect and analyze substance abuse data generated from either drug program client populations or from other sources, provided present client confidentiality provisions are observed.

4. Planning assistance and input for substance abuse considerations in all future Crime Control Division planning and project or program implementation.

Crime Control Division will provide Alcohol and Drug Abuse Division:

1. Access to all data collected in Montana for the FBI Uniform Crime Reporting System and through the Criminal Justice Data Center.

2. Access to data analyses pertaining to substance abuse, as well as comparative data for other typical crime categories, prepared in the normal course of Crime Control Division operation.

3. Cooperation in any future ADAD efforts to collect and analyze substance abuse data generated from sources within Montana.

4. Planning assistance and input for substance abuse considerations in all future ADAD planning and project or program implementation.

Exhibit 7

In addition, ADAD and the Crime Control Division jointly agree to dedicate the necessary staff time and resources to "maintain a coordinated program of service delivery to drug and alcohol abusers in the criminal justice system."

The Crime Control Division will cooperate with ADAD efforts to provide substance abuse services for all individuals in Montana's correctional institutions, emergency services for treatment of acute problems upon arrival at city and county jails, and substance abuse prevention and treatment for those incarcerated over longer periods of time.

The Crime Control Division will cooperate with ADAD efforts to provide substance abuse prevention services to all individuals on probation or other supervisory release programs.

The Crime Control Division will include provisions of all necessary technical assistance for ADAD to obtain available LEAAA funding.

Michael A. Murray 3/5/80

MICHAEL A. MURRAY, Administrator
Alcohol & Drug Abuse Division

Date

Michael A. Lavin 3/3/80

MICHAEL A. LAVIN, Administrator
Crime Control Division

Date

ab

assisted in preparation of the alcohol and drug component of the Health Systems Plan and also participated in public reviews of the plan.

To facilitate planning, the Alcohol and Drug Abuse Division coordinates preparation of the annual state plan for alcohol and drugs with the State Department of Health and Environmental Sciences, State Health Planning and Development Agency (SHPDA). Coordination with SHPDA ensures that the state plan for alcohol and drugs is consistent with the Montana State Health Plan. An example of this coordinated planning is that SHPDA is forming an Alcohol Abuse Planning and Policy Formulating Task Force to act as an advisory committee during the development of the alcohol abuse and alcoholism policy analysis component of the Montana State Health Plan. Members of the task force will include representatives from ADAD, treatment programs, the advisory council on alcohol and drug dependency, Montana United Indian Alliance, and Montana Health Systems Agency. Once the component has been developed to the satisfaction of the task force it will be submitted to the Statewide Health Coordinating Council for review and approval.

The Statewide Health Coordinating Council (SHCC) also reviews the annual State Alcohol and Drug Plan. The SHCC's review of the State Plan is conducted prior to federal review of the plan. A member of the SHCC has been appointed to serve on the State Advisory Council on Alcohol and Drug Dependency.

7. Montana Council on Alcoholism

The Montana Council on Alcoholism (MCA), a private, not for profit corporation, was formally established in October, 1978, upon receipt of a NIAAA Volunteer Resource Development Project seed grant. Efforts to establish a state voluntary agency were initiated in 1976 by a core group of Montana citizens concerned with maintaining an identity for the field of alcoholism separate from both drug abuse and mental health.

MCA is a state affiliate of the National Council on Alcoholism (NCA), and acts as a statewide consumer voice for volunteer members, local alcoholism councils and concerned individuals.

Volunteer recruitment, training and organization into active local councils which complement the existing service network is perceived as a major method of providing prevention and awareness services, as well as improving the quality and broadening the scope of available services. Particularly in rural areas, volunteers can augment paid staff to make better services available to more persons without substantial increases in expenditures.

MCA has established an elected voluntary Board of Trustees and sponsors community drinking-driving awareness campaigns, "Alternative Action" workshops for educators using state developed curricula guides, "Think Tank on Alcoholism," Alcohol Action Week, and works to maintain public media attention on the topics of alcoholism and alcohol abuse.

The Council performs an alcoholism information clearinghouse function by ordering low cost pamphlets and purchasing films for free distribution to community groups, as well as publishing a monthly newsletter, the MCA Monitor, news clipping summaries, fact sheets and workshop resource packages for use statewide.

Promotion and encouragement of employee assistance programs for employer-employee groups, and development of a variety of special training and awareness seminars and workshops will be main features of MCA activity.

C. FY 81 Proposed Activities - Planning and Coordination

According to state law (53-24-211 MCA), county planning for alcohol and drug services will be used to identify local needs and priorities. Information obtained from county plans is the basis for development of statewide priorities and the annual State Plan.

The Division will revise the plan guidelines to allow for an update of county plans in FY 81. These guidelines will be available to counties no later than September 1981. The Division will continue to follow the timelines as outlined in the planning process on page 9 for the submission and review of county plans. All county plans will be reviewed by the Division so that counties can be notified of approval or non-approval by April 1, 1981. In compliance with state law "after June 30 no money may be distributed to a county by the department for the treatment, rehabilitation, and prevention of alcoholism if a county plan has not been approved by the Department." Technical assistance will be available to counties, upon request, in development of their plans or in correcting plan deficiencies.

Because multi-county programs continue to be a statewide priority those counties wishing to develop multi-county plans will be encouraged to do so.

An ongoing function of the Planning Section is the development of proposals and grant applications for new and continued funding. The Division will actively seek available funds to further objectives of this state plan and will also provide technical assistance, upon request, to local programs responding to federal grant applications if the proposed projects are determined to be in accord with the State Alcohol and Drug Plan.

Liaisons will be maintained with the Montana Health Systems Agency and the State Health Planning and Development Agency so that planning for alcohol and drug services is not a duplicative effort. As part of planning for alcohol and drug services, the Division will review and comment on all grant applications submitted by Community alcohol and drug programs to federal funding agencies.

The planning section staff will continue to coordinate A-95, HSA and SHCC reviews of federal grant applications and plans submitted by the Alcohol and Drug Abuse Division.

Publication and distribution of the Division newsletter, "The Habit", is also a function of the Planning Section. The newsletter serves as an important communication medium between the State Office and community alcohol and drug programs. As in the past, the newsletter will be published and distributed bi-monthly.

D. FY 81 Work Plan - Planning and Coordination

Objective 1 - To provide a comprehensive means of assessing the needs of Montana for alcohol and drug abuse services and develop and update an Annual State Plan to meet identified needs.

Method

a) Finalize the combined FY 81 State Plan and submit to NIAAA and NIDA by July 31, 1980.

b) Establish planning criteria and revise county plan guidelines to be used by counties in updating their county plans by September 1980.

c) Establish criteria for reviewing county plan updates and procedures for acceptance of county plans by December 1980.

d) Provide technical assistance to counties in development of plans upon request - ongoing.

e) Ensure that all county plans are submitted to the Division by December 31, 1980.

f) Select a county plan review committee and review all county plan updates according to standardized review criteria to determine approval or disapproval by April 1981.

g) Coordinate and schedule input of performance documentation, cost data, and relevant statistical information required for the State Plan by April 1981.

h) Determine local/county priorities to develop statewide priorities by May 1981.

i) Prepare an annual plan draft for review by the State Advisory Council, Statewide Health Coordinating Council, A-95 agencies, community programs and general public by June 1981.

j) Prepare a final state plan incorporating review findings and recommendations by July 1981.

k) Coordinate design and printing of the annual state plan and submit to NIDA and NIAAA by July 31, 1981.

Objective 2 - To develop federal/state grant proposals for Division and provide technical assistance to community programs in developing federal grant/contract applications.

Method

a) Write Statewide Services grant application for continuation of drug abuse services throughout the state in coordination with the Community and Program Development Bureau Chief and Montana Drug Program Supervisor. Submit to NIDA by January 1981.

b) Assist in preparation of the State Manpower Development (NIAAA) application and State Training and Support System (NIDA) application and submit according to Federal Submission Schedules.

c) Prepare application for continued funding for implementation of the Uniform Alcoholism and Intoxication Act. Submit to NIAAA by June 1, 1981.

d) Identify and prepare funding for the Division as deemed appropriate - ongoing.

Objective 3 - Coordinate with other planning agencies to insure coordinated planning effort for alcohol and drug services.

Method

a) Maintain individual staff liaisons with the Montana Health Systems Agency and State Health Planning and Development Agency to share relevant plan information - ongoing.

b) Participate in development of alcohol and drug components of the Montana Health Systems Plan and Montana State Health Plan in accord with timelines established by HSA and SHPDA.

c) Coordinate A-95, HSA and SHCC review of all federal grants and plans submitted by the Alcohol and Drug Division subject to review by these agencies - ongoing.

d) Coordinate Division review and comment of federal grant applications submitted by alcohol and drug service providers - ongoing.

e) Assist community programs with A-95 and HSA reviews - ongoing upon request.

Objective 4 - Publish and distribute the Alcohol and Drug Abuse Division newsletter, "The Habit".

Method

a) Formalize an agreement with an outside contractor for writing, editing, and distribution of newsletter by July 31, 1980.

b) Formalize an agreement for printing of the newsletter with a publications and graphics firm according to state purchasing procedures by July 31, 1980.

c) Insure that "The Habit" is published and distributed bi-monthly - ongoing.

V. TREATMENT AND REHABILITATION FUNCTIONAL PLAN

A. FY 80 Performance Report - Treatment and Rehabilitation

Objective 1 - Contract discretionary funds to alcohol service providers in counties that have been negatively impacted by HB 844 in distribution of liquor tax funds.

The Department received grant applications requesting 1.1 million of Department discretionary funds, in FY 80, with budgets totalling 3.7 million. Recommendations for funding of alcoholism services from alcohol tax monies were made by the grant review committee, the administrator of the Alcohol and Drug Abuse Division, the State Advisory Council and the Director of the Department of Institutions. Fiscal year 1980 contracts awarded to alcohol programs are shown in Table 22.

Objective 2 - To determine program effectiveness by program and service modality by June 1980.

This objective was accomplished and is discussed in the Management Information Systems Section. During the past year, program evaluators continued to stress documentation of follow-up contacts for the purpose of determining effects of treatment. ADAD feels it is important that the State Office and individual programs begin to assess treatment outcomes by measuring client changes through follow-up of persons completing treatment. As part of the on-site reviews, evaluators look at the number of job and vocational placements, improvement in client/family relationships, living arrangements, and other changes which indicate improved client functioning.

Objective 3 - To convert the Southwestern Montana Drug Program (Federal grant #5H80 DA 10108) to part of the ongoing statewide services grant by February 1, 1980.

The Alcohol and Drug Abuse Division, in accord with the above objective, converted the former Southwestern Montana Drug program (SMDP) to part of the Statewide Services grant in April, 1980.

Prior to conversion to the Statewide Services grant, SMDP provided outpatient drug services through five satellite centers:

- Butte Drug Treatment Center (Changes)
- Helena Drug Treatment Center (Placer Street)
- Anaconda Drug Treatment Center (Open Door)
- Missoula Drug Treatment Center (Fly Free)
- Bozeman Drug Treatment Center (Second Story)

Satellites in Anaconda, Butte and Helena were state operated clinics administered by the Montana Department of Institutions, Alcohol and Drug Abuse Division. Satellites in Bozeman and Missoula were contract affiliates and considered part of the Southwestern Montana Drug Program. With conversion of SMDP to a Statewide Services grant, contract affiliates in Missoula and Bozeman became free standing outpatient drug abuse programs. Clinics in Butte, Anaconda and Helena will continue to be administered by ADAD.

Table 22

SUMMARY FY 80
STATE-APPROVED ALCOHOL PROGRAM APPLICATIONS

AGENCY	Priority	Requested Budget		ADAD Staff Recommendation		Advisory Council Recommendation		ADAD Administrator Recommendation		Approved Budget	
		TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD	TOTAL	ADAD
Hilltop Recovery	1	$ 224,435	$ 56,855	$ 221,735	$ 54,185	$ 221,735	$ 54,185	$ 221,735	$ 54,185	$ 221,735	$ 54,185
Granite & Deer Lodge County	1	43,901	14,052	36,633	7,268	36,633	7,268	36,633	7,268	36,633	7,268
Lewistown	1	59,000	20,648	52,916	11,574	52,916	11,574	52,916	11,574	52,916	11,574
Park County	1	64,995	23,892	51,660	10,597	51,660	10,597	51,660	10,597	51,660	10,597
Lewis & Clark County	1	113,894	44,130	N/A	-0-	N/A	-0-	N/A	-0-	N/A	-0-
District II	1	80,775	21,397	75,988	16,610	75,988	16,610	75,988	16,610	75,988	16,610
District I	1	91,600	7,850	72,831	-0-	72,831	-0-	72,831	-0-	72,831	-0-
Musselshell County	1	24,556	10,957	23,334	9,735	23,334	9,735	23,334	9,735	23,334	9,735
Regional Chemical Dependency	1	14,263	5,556	N/A	-0-	N/A	-0-	14,263	5,556	14,263	5,556
District III	1	123,749	34,171	110,427	14,185	110,427	14,185	110,427	14,185	110,427	14,185
South Central Mental Health - Stillwater Co.	1	22,877	9,000	22,177	8,300	15,149	1,272	15,149	1,272	15,149	1,272
South Central Mental Health - Carbon Co.	1	19,171	3,057	N/A	N/A	16,114	-0-	16,114	-0-	16,114	-0-
Powell & Granite County	1	46,469	27,531	43,196	24,258	43,196	24,258	43,196	24,258	43,196	24,258
Fort Belknap	2	132,007	30,477	101,530	-0-	101,530	-0-	101,530	-0-	101,530	-0-
Sanders County	2	28,781	8,979	27,476	7,674	27,476	7,674	27,476	7,674	27,476	7,674
Wheatland Family Serv.	2	13,378	6,093	13,378	6,093	14,103	6,818	14,103	6,818	14,103	6,818
Lincoln County	2	66,386	31,343	66,154	31,111	66,386	31,343	66,386	31,343	66,386	31,343
Ravalli County	2	40,695	4,632	N/A	-0-	-0-	-0-	36,063	-0-	36,063	-0-
Sweetgrass County	2	15,367	7,626	14,915	7,174	14,915	7,174	14,915	7,174	14,915	7,174
Medicine Pine Lodge	2	122,913	20,000	110,605	8,691	112,973	10,060	112,973	10,060	112,973	10,060
Flathead Valley	3	193,825	81,140	175,671	62,986	175,671	62,986	175,671	62,986	175,671	**
Missoula General	3	907,517	42,291	N/A	-0-	N/A	-0-	N/A	-0-	N/A	-0-
Missoula Indian	3	103,059	35,560	N/A	N/A	N/A	N/A	90,200	*	90,200	*
Butte Indian	3	70,473	22,678	56,515	8,720	56,515	8,720	60,465	*	60,465	*
Providence	3	242,528	77,028	233,444	67,944	233,444	67,944	233,444	67,944	233,444	**
Holy Rosary	3	357,443	89,992	N/A	N/A	N/A	N/A	N/A	-0-	N/A	-0-
Glasgow/Chemical Dependency Center	L	525,997	200,000	N/A	N/A	N/A	N/A	N/A	N/A	525,997	164,352
		3,750,054	1,116,919	1,510,585	357,105	1,522,996	352,403	1,667,472	349,239	2,193,469	382,661

* Programs to be funded from federal funds for Native American Programs - Missoula 22,700 - Butte 12,670.

** Program budgets approved pending later availability of funding.

Conversion of SMDP to part of the Statewide Services grant gives the Division more flexibility in moving outpatient drug treatment slots to other geographic areas of the state when additional NIDA slots are not available or when current slots are under utilized.

The Statewide Services Grant also funds or partially funds the following drug programs:

- Carousel Drug Program (Great Falls)
- Rimrock Drug Program (Billings)
- Flathead Reservation Drug Program (Ronan)
- Lighthouse Residential Treatment Center (Galen)

A priority in FY 80 was to expand drug services to Region II which was an unserved area of the state. This was accomplished in November 1979, as part of the Statewide Services Grant, when the Division contracted with the Providence Alcohol Center in Great Falls for the development and delivery of outpatient drug free treatment services. The Providence Alcohol Center has successfully been operating the Carousel Drug Program since its initiation in November 1979.

ADAD continues to contract with the Rimrock Drug Program in Billings for provision of services in Region III.

As proposed in the FY 80 State Plan, the Division contracted with the Flathead Area Comprehensive Alcohol Program in Ronan for development of an outpatient drug component to serve the Flathead Reservation.

Objective 4 - Continue to implement the Federal Funding Criteria for a static caseload of 400 outpatient drug free clients and 10 residential drug free clients.

The client matrix in FY 1980 was set at 368 outpatient slots and ten residential slots. The slot utilization for this fiscal year averaged 90%. An objective in the FY 80 State Plan was to have a 100% utilization rate by April 1980, this goal was met in February and utilization rates continue to exceed the 100% goal.

Objective 5 - Continue to monitor and enforce state and federal requirements that all appropriate drug abuse treatment clients be referred to community support resources for assistance in planning and developing educational and vocational opportunities and for appropriate psychological services and residential care.

During on-site evaluations the Division reviews each client file to ensure that an effort has been made to obtain vocational rehabilitation, vocational skill development or employment for the client within 120 days after admission to the drug treatment program. All drug programs are required to have a contract or letter of agreement with a community mental health center for obtaining appropriate psychological services for clients. The Division reviews client files to check that any client demonstrating psychological problems has been referred for mental health services.

Objective 6 - Increase the total number of referrals to the Lighthouse residential drug free program from throughout Montana.

Referrals to Lighthouse from outpatient drug programs throughout the State increased from 53 referrals in FY 79 to 85 referrals this year. The increase is due to the following reasons:

- Lighthouse staff now attend all Treatment and Rehabilitation meetings with the outpatient drug clinics' staff.

- All outpatient drug program directors attended an orientation at Lighthouse. Any new directors will also be encouraged to visit Lighthouse as part of their orientation.

- Counselors in the outpatient programs are now working closely with the residential counselors at Lighthouse. Lighthouse counselors have established a follow-up system with the outpatient clinics to ensure continuity of client care once the client has completed residential treatment.

Objective 7 - To provide assistance through the ADAD Employee Assistance Program for troubled employees of Montana State Government and to provide assistance in occupational programming to municipal governments, private industry and business throughout the state.

Although it was planned that the Division would seek funding from NIAAA in FY 80 to augment existing Employee Assistance Program (EAP) services, due to demands of other projects, the writing of this grant was postponed. Before a proposal for funding can be submitted to expand the program, policy considerations and administrative concerns must be clarified. Technical assistance was sought from the Western Regional Support Center in Salt Lake City to discuss the possibility of preparing a grant for the Division in FY 81.

One of the EAP priorities listed in the FY 80 State Plan was to designate women as a priority population and to structure training to address unique problems of women based on recommendations made by the Womens Task Force on Substance Abuse. The Employee Assistance Program incorporated procedures to help identify women troubled employees. Consultations were held with the Community Mental Health Center, Battered Womens' Task Force, the Friendship Center and the local alcohol program regarding womens' concerns. Supervisory training provided by the Employee Assistance Program also includes discussions about specific needs of women.

The Employee Assistance policy statement was updated and approved by the Department Director during FY 80. The policy statement is included as Appendix G .

Information and consultation about occupational programming was provided to private businesses, state agencies and community alcohol and drug programs. This information included how to implement an occupational program, how to develop an employee assistance policy statement, how to train supervisors and how to determine program effectiveness.

During FY 80, the Employee Assistance Program provided counseling and referral services to sixty (60) employees. Troubled employees came from a larger number of state agencies and included more referrals from supervisors and unions than were reported last year. See Tables 23-25.

Objective 8 - To continue specifically designed treatment and rehabilitation program for drug abusers and alcoholics that are recipients of federal Supplemental Security Income (SSI) payments.

In 1977 the Alcohol and Drug Abuse Division entered into a contract with the regional Social Security Administration in Denver to provide monitoring of all current chronic alcoholics and drug addicts who are recipients of Supplemental Security Income (SSI) allowances provided under Title XVI of the Social Security Act.

The rationale for this project was the need for a qualified counselor to monitor, assist and develop positive recovery plans for these recipients with the goal being rehabilitation and the persons re-entry into the workforce. Monitoring of these clients is done by the Division's Employee Assistance personnel and includes coordination with the Social Security Administration, local vocational rehabilitation counselors, and other social service agencies in facilitating the client's treatment plan and recovery process.

Because the disability category no longer exists for the purposes of new enrollees, the caseload continues to drop because many clients have become eligible to receive benefits under other programs. The caseload at the beginning of FY 80 was twenty-six (26) but has decreased to twenty-two (22).

Objective 9 - Continue to maintain and upgrade alcohol and drug services in the correctional institutions at Pine Hills School for boys, Swan River Youth Forest Camp and Montana State Prison.

The Alcohol and Drug Abuse Division received supplemental funding from the Montana Board of Crime Control for the continuation of chemical dependency services within three state correctional institutions. Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison are each staffed with a full-time counselor who provides alcohol and drug abuse education, counseling and therapy for residents of these institutions. During 1979, services were provided to 105 residents.

The Division contracts with the District III Alcohol Program in Miles City to supervise delivery of services at Pine Hills School for Boys. The counselor at Swan River Youth Forest Camp is supervised by the Director of the Flathead Valley Chemical Dependency Services in Kalispell. The alcohol and drug abuse services within Montana State Prison are provided by a Department of Institutions staff member and supervised by The Montana Drug Program Supervisor of ADAD. The three chemical dependency counselors also receive day-to-day supervision from the Superintendents (or designees) of the institutions. This arrangement has been amenable to the Superintendents of the institutions.

Table 23

Employee Assistance Program
Fiscal Year 1980

Department	Self	Supervisor	Family	Union
State Lands			1	
SRS		3		
Institutions	8	5		6
Administration	5			
Community Affairs	1	1		
Natural Resources	1	3		
Highways	4	3		
Other	9		1	
Labor & Industry	2			
Fish Wildlife & Parks		1		
OPI			1	
Health	1			
Historical Society		1		
Livestock	1			
Legal Council	1			
Justice	1			

Table 24
Employee Assistance Program
Fiscal Year 1980

Type of Problem	Number	Percentage
Alcohol/drug	21	35
Behavioral/emotional	19	32
Legal	3	5
Financial	8	13
Marital	8	13
Resource Identification	1	2
	60	100

Source of Referral	Number	Percentage
Self	34	57
Supervisor	17	28
Family	3	5
Union	6	10

Table 25
Referral Source

Problem Area	Self	Supervisor	Union	Family
Alcohol/drug	6	11	2	2
Behavioral/emotional	8	6	4	1
Legal	3	-	-	-
Financial	8	-	-	-
Marital	8	-	-	-
Information	1	-	-	-

A standardized data collection system is maintained at all three units. Contracting agencies present scheduled reports to the Alcohol and Drug Abuse Division which, in turn, is responsible for compiling these reports and submitting them to the respective funding agencies in accord with established criteria.

Staff training is provided by the Division. Also, technical assistance is provided to the chemical dependency counselors by the Montana Drug Program Supervisor.

Objective 10 - Continue to focus on the treatment needs of women.

Two years of work by the Womens Task Force on Substance Abuse has culminated in a funding proposal to hire a statewide women's advocate. The primary purpose of the women's advocate, if funded, will be to increase women's utilization of alcoholism and drug abuse services through a media and public relations campaign in Montana communities.

It is envisioned that the advocate's activities would also include outreach to potential women clients; provision of information and education for health service providers so that they will recognize substance abuse problems in their women patients; and facilitation of greater cooperation between generic agencies and alcohol and drug treatment programs.

Montana treatment programs whose outreach time is limited by heavy counseling responsibilities will be able to use the women's advocate's assistance in developing contacts and providing community education. Additionally, the advocate would encourage the provision of counselor training. If funded, this project would focus on the special treatment needs of women.

Women admitted to drug treatment programs increased from 26% in 1978 to almost 30% of the client population in 1979. Approximately 23% of persons entering alcohol treatment programs in 1979 were women compared with 22% in 1978.

An objective in the FY 80 plan was to increase the number of women drug abuse clients who successfully complete their treatment plan. According to CODAP statistics the number of women completing treatment increased by nearly 10%.

Montana treatment programs are beginning to expand their services to include special programs for women. In accord with the FY 80 State and regional plans, the Lewis and Clark Alcohol Program opened a five bed halfway house facility for women. Although children are not accepted at this time, foster care can be arranged for dependent women receiving Aid to Dependent Children (ADC).

In addition, the Alcohol Treatment and Rehabilitation Center at Galen State Hospital started a treatment component specifically for women.

Montana's programs have been responsive to the recommendations made by the Womens' Task Force on Substance Abuse and are striving to provide services geared to women. Within the past year, several community treatment programs initiated all womens' therapy groups.

B. Treatment Matrix - Drug Programs.

Drug program treatment matrices, environments and modalities are listed below:

Program & Clinic Location	NIDA Slot Capacity	Environment	Modality
Statewide Service Grant			
- Anaconda	36	Drug Free	Outpatient
- Butte	58	Drug Free	Outpatient
- Helena	54	Drug Free	Outpatient
- Bozeman	59	Drug Free	Outpatient
- Missoula	53	Drug Free	Outpatient
- Billings	28	Drug Free	Outpatient
- Great Falls	20	Drug Free	Outpatient
- Ronan	20	Drug Free	Outpatient
Lighthouse	5	Drug Free	Residential

C. Alcohol Service Providers

STATE OF MONTANA

Alcohol Service Providers

REGION I

FRANCES MAHON DEACONESS HOSPITAL/
CHEMICAL DEPENDENCY CENTER
PO Box 4715
Glasgow AFB, MT 59231

Director: Harry Knowlton
Telephone: 524-6281

Detox, Inpatient Care

DISTRICT I ALCOHOL PROGRAM
PO Box 582 - Courthouse Annex
Glasgow, MT 59230

Director: Barbara Pipe
Telephone: 228-9093

Outpatient

District I Satellite Offices - Outpatient

Phillips County Alcohol Program
PO Box 1414
Malta, MT 59538

Counselor: Richard E. Gildroy
Telephone: 654-2005

Alcohol & Drug Abuse Services
Roosevelt Co. Courthouse
PO Box 675
Wolf Point, MT 59201

Counselor: Lou Loughnan
Telephone: 653-2131

Sheridan County Alcohol Program
Courthouse
Plentywood, MT 59254

Counselor: Marliss Romstad
Telephone: 765-2361

Services also provided in Scobey

Counselor: Nancy Lund (Part-Time)
Telephone: 487-5091

DISTRICT II ALCOHOL & DRUG PROGRAM
Glendive Medical Center
Glendive, MT 59330

Director: Jack Pollari
Telephone: 365-5942

Outpatient

District II Satellite Offices - Outpatient

Sidney Alcohol Satellite
Medical Arts Building, 1209 2nd St. S.W.
Sidney, MT 59270

Counselor: Virginia Klein
Telephone: 482-2121

Services also provided in Circle,
Terry and Wibaux

DISTRICT III ALCOHOL & DRUG PROGRAM
321 Main - Office 3 — Director: Doug Austin
Miles City, MT 59301 — Telephone: 232-6542

Also serves Broadus & Jordan
Outpatient

Satellite Offices

10 W. Fallon Ave.
BOX 478 — Counselor: Margie Dunlap
Baker, MT 59313 — Telephone: 778-2944

Also serves Plevna & Ekalaka - Outpatient

Old Hospital Building
Box 251 — Counselor: Edward Smith
Forsyth, MT 59327 — Telephone: 356-2670

Also serves Hysham, Colstrip, Ashland & Lame Deer- Outpatient

HOLY ROSARY HOSPITAL
2101 Clark — Director: Tom Konefes
Miles City, MT 59301 — Telephone: 232-2540

Detox, Inpatient Care

FORT PECK TRIBAL ALCOHOLISM PROGRAM*
PO Boc 307 — Director: Melvin Eagleman, JR.
Poplar, MT 59255 — Telephoen: 768-6381

NORTHERN CHEYENNE RESERVATION ALCOHOL PROGRAM*
Lame Deer, MT 59043 — Director: Charles Bear Comes OUt
Telephone: 477-6381

PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM — Counselor: Mike Young
Miles City, MT 59301 — Telephone: 232-1377

Outpatient - Correctional Facility

* Not an approved alcohol program

REGION II

MEDICINE PINE LODGE
PO Box 426
Browning, MT 59417

Director: Margaret Kennedy
Telephone: 338-7178

Detox, Intermediate Care, Outpatient

FORT BELKNAP TRIBES ALCOHOL PROGRAM
Fort Belknap Reservation
Harlem, MT 59526

Director: Florence Cole
Telephone: 353-2205, ext. 432, 433, 434

Detox, Intermediate Care, Outpatient

HILL-TOP RECOVERY CENTER
PO Box 750 - 1020 Assiniboine
Havre, MT 59501

Director: Ron Hjelmstad
Telephone: 265-9665

Detox, Intermediate Care, Outpatient

Hill-Top Satellite Offices

PO Box 1384
Ft. Benton, MT 59442
(also serves Chester)

Counselor: Carol Richard
Telephone: 622-3625

350 O'Haire Blvd.
Shelby, MT 59471
(also serves Cut Bank)

Counselor: Jackie Severson
Telephone: 434-5002

Box 789
Chinook, MT 59523

Counselor: Joseph Johnson
Telephone: 357-2425

313 S. Main
Conrad, MT 59425

Counselor: Otto Kvaalen
Telephone: 278-7752

Outpatient

PROVIDENCE ALCOHOLISM CENTER
920 4th Ave. North
Great Falls, MT 59401

Director: David Hutchison
Telephone: 727-2512

Detox, Intermediate Care, Outpatient

ROCKY BOY TRIBAL ALCOHOLISM PROGRAM*
Rocky Boy Route
Box Elder, MT 59521

Director: Clifford Sutherland
Telephone: 395-4723

* Not an approved alcohol program

REGION III

RIMROCK GUIDANCE FOUNDATION
923 North 29th St.
Billings, MT 59101
Director: David W. Cunningham
Telephone: 248-3175

Detox, Intermediate Care, Outpatient

SWEET GRASS CO. FOUNDATION
PO Box 757
Big Timber, MT 59011
Director: Karen Clark
Telephone: 932-3611

Outpatient

BIG HORN COUNTY ALCOHOL PROGRAM
PO Box 223
Hardin, MT 59034
Director: Allen Strange
Telephone: 665-3542

Outpatient

ALCOHOL & DRUG SERVICES OF CENTRAL MT. Inc.
PO Box 963
Lewistown, MT 59457
Director: Andy Anderson
Telephone: 538-8421

Outpatient

WHEATLAND FAMILY SERVICES
PO Box 633
Harlowton, MT 59036
Director: John Horton
Telephone: 632-4778

Outpatient

MUSSELSHELL CO. FOUNDATION
1202 3rd St. W. - PO Box 917
Roundup, MT 59072
Director: Charlotte Coppinger
Telephone: 323-1806

Outpatient

Golden Valley Foundation
PO Box 186
Ryegate, MT 59074
Counselor: Thelma Dickerson
Telephone: 568-2385

Outpatient

CROW DETOX PROGRAM
PO Box 537
Crow Agency, MT 59022
Director: Paul Spotted Horse
Telephone: 638-2811

SOUTH CENTRAL MT ALCOHOL & DRUG PROGRAM
2712 Montana Ave.
Billings, MT 59101

Coordinator: Marge Self
Telephone: 252-5658

Outpatient

Satellite Offices

STILLWATER COUNTY ALCOHOL PROGRAM
PO Box 238
Columbus, MT 59019

Director: Dr. Phillip Russell
Telephone: 322-5834

CARBON COUNTY ALCOHOL & DRUG PROGRAM
P O BOX 482
Red Lodge, MT 59068

Director: Tess Whalen
Telephone: 446-2500

REGION IV

TRI-COUNTY ALCOHOLISM SERVICES

Alcohol Counseling & Educational Center
300 North Willson, Suite 801H
Bozeman, MT 59715

Counselor: Chuck Heath
Telephone: 586-5493

Dillon Alcohol Services
State Bank & Trust Building
Dillon, MT 59725

Counselor: Jim Bailey
Telephone: 683-4305

Madison County Alcohol Program
Ennis, MT 59729

Counselor: Marilyn Blair
Telephone: 682-7190

PROBLEM DRINKING CENTER OF PARK COUNTY
414 East Callendar
Livingston, MT 59047

Director: Pat Bruha
Telephone: 222-2812

Outpatient

ALCOHOLISM SERVICE OF ANACONDA/DEER LODGE COUNTY
600 Oak, Community Hospital
Anaconda, MT 59711

Counselor: Vern "Brick" Clawson
Telephone: 563-6601

Outpatient

POWELL COUNTY ALCOHOLISM CENTER
309 Missouri
Deer Lodge, MT 59722

Counselor: Paul Miller
Telephone: 846-3442

Outpatient

COMMUNITY ALCOHOLISM SERVICES
66 West Broadway
Butte, MT 59701

Director: Marcella McGeever
Telephone: 723-8262 ex. 373

Outpatient

BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701

Director: Ozzie Williamson
Telephone: 792-0461

Outpatient/Transitional Living

BOYD ANDREw SERVICE CENTER
219 North Rodney — Director: Jo Kaste
Helena, MT 59601 — Telephone: 443-2343

Outpatient

Transitional Living Facilities for Men & Women
410 9th Avenue — Counselor: Judy Galloway
Helena, MT 59601 — Telephone: 443-1241

Satellite Offices

Broadwater County Alcohol Services
214 Broadway — Counselor: Tom Kindrick
Townsend, MT 59644 — Telephone: 266-3411

Jefferson County Alcohol Services
301 South Elder - PO Box 602 — Counselor: Roger Holt
Boulder, MT 59632 — Telephone: 225-3337
(Also Serves Whitehall)

Teton County Alcohol & Drug Abuse Services
PO Box 1201 - Courthouse — Counselor: Sonja Kieffer
Choteau, MT 59422 — Telephone: 466-2171

Outpatient

CARE UNIT
Silver Bow General Hospital
Continental Drive — Director: Robert Farren
Butte, MT 59701 — Telephone: 723-4341

Inpatient Care

GALEN STATE HOSPITAL AT&R
Route 1, Galen — Director: Danny Peressini
Deer Lodge, MT 59722 — Telephone: 693-2281

Detox, Intermediate Care

MONTANA STATE PRISON
CHEMCIAL DEPENDENCY PROGRAM — Counselor: Robert McKinnon
Deer Lodge, MT 59722 — Telephone: 846-1320, ex. 2223

Outpatient - Correctional Facility

REGION V

MISSOULA ALCOHOL SERVICES
725 W. Alder
Missoula, MT 59801
Director: Susan Rangitsch
Telephone: 721-1880

Outpatient

Satellite Office

Mineral Co. Alcohol Services
PO Box 745
Superior, MT 59872
Counselor: Jerry Ridgeway
Telephone: 822-4961

Outpatient

RAVALLI CO. CHEMICAL DEPENDENCY SERVICES, Inc.
PO Box 902
Hamilton, MT 59840
Director: Ed Shepherd
Telephone: 363-3060

Outpatient

MISSOULA INDIAN ALCOHOL & DRUG PROGRAM
401 W. Railroad
Missoula, MT 59801
Director: Delaine Nagel
Telephone: 721-2700

Outpatient

FLATHEAD ALCOHOLISM & DRUG ABUSE CENTER
PO Box 270
Ronan, MT 59860
Director: Bill Winn
Telephone: 676-0596

Detox, Intermediate Care, Outpatient

ALCOHOL SERVICE CENTER OF LINCOLN COUNTY
PO Box 756
Libby, MT 59923
Director: Royce Gilbertson
Telephone: 293-7731

Outpatient

Satellite Offices:

Methodist Church
Main Street
Troy, MT 59735
Counselor: Kenneth Janicke
Telephone: 295-4135

City-County Bldg.
Eureka, MT 59417
Counselor: Karen Lamey
Telephone: 296-2822

Outpatient

Sanders County Chemical Dependency Program
P.O. Box 940
Thompson Falls, MT 59873
Director: Dennis Maercklein
Telephone: 827-4241

FLATHEAD VALLEY CHEMICAL DEPENDENCY SERVICES
P. O. Box 1511
Kalispell, MT 59901
Director: Ken Anderson
Telephone: 755-6453

Outpatient

MISSOULA GENERAL HOSPITAL
300 North Second Street
Missoula, MT 59801
Director: Melvin Johnson, M.D.
Telephone: 542-2191

Detox, Inpatient Care, Outpatient

SWAN RIVER YOUTH FOREST CAMP
CHEMICAL DEPENDENCY PROGRAM
P. O. Box 99
Swan Lake, MT 59911
Director: John Brekke
Telephone: 754-2292

Outpatient - Correctional Facility

DRUG SERVICE PROVIDERS

MONTANA DRUG PROGRAM
Administrative Office
Department of Institutions
1539 11th Ave.
Helena, MT 59601

Phone: 449-2827
Supervisor: Donald "Skip" Wilcox
Phone: 723-6519
Director of Treatment & Rehabilitation: Dick Rice

CHANGES
64 W. Broadway
Butte, MT 59701

Phone: 723-6519
Director: Bob Butorovich

PLACER STREET
Helena Drug Treatment Center
19 E. Placer
Helena, MT 59601

Phone: 449-2524
Director: Glenn Harwell

OPEN DOOR
307 E. Park, Suite 209
PO Box 758
Anaconda, MT 59711

Phone: 563-5248
Director: Martin Dunn

MISSOULA DRUG TREATMENT PROGRAM
725 W. Alder
Missoula, MT 59801

Phone: 721-1880
Director: Susan Rangitsch

GALLATIN COUNCIL ON HEALTH & DRUGS
PO Box 1375
Bozeman, MT 59715

Phone: 587-1238
Director: Gary Gullickson

RIMROCK GUIDANCE FOUNDATION
923 North 29th Street
Billings, MT 59101

Phone: 248-3175
Director: David W. Cunningham

PROVIDENCE CENTER
920 4th Ave. North
Great Falls, MT 59401

Phone: 727-2512
Director: Gail Bucko

KALEIDO SCOPE DRUG CENTER
Flathead Reservation Area
PO Box 270
Ronan, MT 59860

Phone: 676-0444
Director: Rich Tavares

LIGHTHOUSE
Residential Drug Treatment Center
Rt. 1 - Galen
Deer Lodge, MT 59722

Phone: 693-2281 ext. 3265
Director: John Weida

E. FY 81 Proposed Activities - Treatment and Rehabilitation

1. Alcohol Programs

The Department will distribute its discretionary monies in FY 81 on a contract-for-services basis according to the following legislative and planning priorities:

- Legislative
  - Rural county programs that have formed multi-county programs or rural programs that have contracted services from urban programs.
  - Rural programs impacted by funding distribution of HB 844
- Planning
  - Maintain existing alcohol services to ensure availability of treatment statewide.
  - Transitional living facilities.

The Division intends to provide supplemental funding, with federal alcohol incentive grant monies, for continuation of detoxification services in Cascade County. As stated in the FY 80 Region II Alcohol and Drug Plan and the FY 81 Cascade County Alcohol Plan the continued operation of a detoxification program is a priority. The initiation of a detox unit in Great Falls has made a drastic improvement in the ability of law enforcement officials to respond in cases of intoxication.

In accord with legislative direction, the Division will continue to encourage development of multi-county or district programs. It is the legislature's intent to limit the number of new alcoholism programs. Multi-county programs will be given funding priority and the Division will allow counties that have formed multi-county programs to submit a single multi-county plan rather than individual county plans. Technical assistance will be provided by the Division to any counties forming a multi-county program for the purpose of facilitating the "state-approval" process.

Transitional living facilities continue to be listed as a gap in the existing service network. Nearly all county plans stated that transitional living facilities are needed to augment existing services. Although the Division recognizes the need to establish transitional living services, it is felt that planning for such facilities is now the responsibility of individual county governments. Any program submitting a discretionary grant application to the Division for transitional living will be considered a priority if the project is in accord with an approved county plan. The Division will provide technical assistance to community programs submitting federal grant applications for transitional living services if such a need is detailed in the program's county plan.

2. Drug Programs

A priority of the Alcohol and Drug Abuse Division is to continue implementing the Federal Funding Criteria with a static caseload of 350 outpatient clients. All drug programs funded under the Statewide Services Grant are expected to maintain a 95% utilization rate. Any program falling under the 95% utilization rate will receive a technical assistance visit. If a program is under 95% utilization for two consecutive months, steps will be undertaken to reallocate slots to a program or geographic area showing a greater need.

The Division will focus efforts this year in increasing the number of clients that successfully complete treatment. As stated in the policy section of this State Plan, the purpose of Montana's treatment program is to "minimize identifiable problems caused by alcohol and drugs for society, while increasing abuser participation in socially acceptable, productive activities as an alternative to dysfunctional abuse." The following indicators have been set for drug programs to demonstrate treatment effectiveness:

- Increase number of clients that are drug free at discharge
- Increase number of clients arrest free at discharge
- Maintain current percentage of clients that are working in vocational training or in educational programs
- Increase the number of clients that complete their treatment plans

Also as part of the emphasis on program effectiveness a program self-evaluation package will be implemented statewide by June 1981. This package is currently being tested in one of the state-operated clinics. Based on results of the pilot test, the basic package may be revised before implementation. The Division feels that programs must constantly monitor their own progress so that they can determine successful and/or neglected areas of treatment.

3. Drug and Alcohol Programs

Another priority of the Alcohol and Drug Division is to increase income for alcohol and drug treatment services. The Division will provide technical assistance to programs regarding state law 33-22-701 MCA which mandates optional insurance coverage for alcohol and drug treatment. All programs will be encouraged to develop fee-for-services agreements with industry. Technical assistance will be available from the Division in establishing such relationships with business and industry. During FY 81, the Division will require all alcohol programs that receive state discretionary funds to generate at least 5% of their total budgets from client fees.

4. Special Programs

The Division will continue to provide assistance services to troubled state employees through the Employee Assistance Program (EAP). A comprehensive evaluation was conducted of the EAP in April 1980. The evaluation report stated that "the records reflect the goals that have been established for the Employee Assistance Program and the purpose and functions of an assessment/referral program." Client records show appropriate casefinding,

motivational counseling, treatment progress and liaison contacts with supervisors.

One recommendation made by the evaluator was that the EAP should establish written policies regarding follow-up and confidentiality. Another area of concern was that it should be determined how much time the Employee Assistance staff person should devote to direct services and how much time should be devoted to promoting the program and providing supervisory training. It was recommended that the scope of the program be defined in specific terms.

Plans for the upcoming fiscal year reflect the recommendations of the comprehensive program evaluation. The scope of EAP services will be defined in a comprehensive policy and procedures manual. In addition, EAP staff will continue to promote program services through advertising and supervisor training.

Employee assistance programs are an effective means of enhancing employee job performance by recognizing and obtaining help for troubled employees. Several programs throughout the state are now offering these services to local businesses within their communities. ADAD will continue to offer occupational programming assistance to service providers or businesses wishing to implement employee assistance programs.

5. Prison Programs

The Division, in coordination with the Montana Board of Crime Control, will continue to assist in the support of alcohol and drug abuse programs within correctional institutions. Technical assistance will be provided to these programs by ADAD staff at least once every six months. On-site evaluations of the correctional institution chemical dependency programs will be conducted annually.

As explained in detail in the Criminal Justice Section of this State Plan, the Division will prepare a recommendation as to the desirability, feasibility, and cost of implementing a residential treatment program for chemically dependent inmates within Montana State Prison.

F. FY 81 Work Plan - Treatment and Rehabilitation

Objective 1 - Contract Department discretionary funds ($404,618) to alcohol service providers based on ADAD review criteria and funding priorities.

Method

a) Determine which programs qualify for discretionary funding based on grant applications reviewed according to funding criteria and priorities by July 1980.

b) Make funding recommendations by service provider to the Department of Institutions Director and State Advisory Council by July 1980.

c) Issue contracts to service providers receiving discretionary funds by July 1980.

Objective 2 - To provide supplemental funds ($60,000) for continuation of detoxification services in Great Falls by October 1980.

Objective 3 - Continue to encourage development of multi-county or district programs.

Method

a) Allow counties developing multi-county programs to submit a single county plan - Ongoing.

b) Continue to designate multi-county programs as a funding priority - Ongoing.

c) Offer technical assistance to counties that are forming a multi-county program for the purpose of facilitating "state-approval." - Ongoing.

Objective 4 - To fund transitional living facilities in accord with state and county planning priorities to the extent possible, given availability of funds.

Method

a) Designate transitional living facilities as a statewide priority based on information obtained in county plans by July 1980.

b) Review all grant applications requesting funding for transitional living facilities in accord with approved county plans by July 1980.

c) Issue discretionary funding on a contract basis for transitional living facilities based on grant review process and/or as additional funding is available - by July 1980.

d) Offer technical assistance to any program or county applying for federal funding for transitional living services if project is in accord with approved county and state plan.

Objective 5 - Increase program effectiveness of outpatient drug free clients successfully completing treatment.

Method

a) Increase clients drug free at discharge from 23.3% to 30% (+6.7%) by June 1981.

b) Increase clients arrest free at discharge from 82.7% to 85% (+2.3%) by June 1981.

c) Maintain clients that are working in vocational training or education programs at discharge at 70%.

d) Increase clients that complete treatment from 38% to 41% (+3%).

Objective 6 - Implement self evaluation package which will determine success of outpatient drug services by June 1981.

Method

a) Based on results of clinic test determine appropriate portions of evaluation package to be implemented statewide by January 1981.

b) Revise package to meet needs of all statewide drug programs and implement all or part of package statewide by June 1981.

c) Train all programs in use of self-evaluation package by June 1981.

Objective 7 - Continue to implement Federal Funding Criteria for a static caseload of 350 outpatient drug free clients.

Method

a) Require each drug treatment center to send monthly utilization reports to ADAD - Ongoing.

b) Send a letter and schedule technical assistance visit to any treatment center falling under 95% utilization - Ongoing.

c) Reallocate treatment slots from any program falling under 95% utilization two consecutive months - Ongoing.

d) Provide technical assistance to all drug treatment programs funded under the Statewide Services Grant at a minimum of twice per month.

Objective 8 - Continue to increase income for alcohol and drug treatment services in Montana by developing alternate sources of revenue.

Method

a) Provide technical assistance on State law 33-22-701 MCA (optional insurance coverage of alcohol and drug treatment) to community alcohol and drug programs - Ongoing.

b) Encourage programs to develop fee-for-service contracts with industry - Ongoing.

c) Develop a standard, statewide reporting procedure for drug programs to document third party payments and in-kind contributions by June 1981.

d) Require that all alcohol programs receiving state discretionary funds generate 5% of their total budgets from client fees.

Objective 9 - Continue to focus on the criminal justice system for referrals to statewide drug programs in lieu of incarceration.

Method

a) Ensure that all clinic directors have established a working relationship with local probation staff by July 1980.

b) Continue to inform criminal justice personnel of services offered by community drug treatment programs - Ongoing.

c) Continue to work closely with correctional institution chemical dependency counselors in developing aftercare plans for drug abusers released from those institutions - Ongoing.

Objective 10 - To provide Assistance through the ADAD Employee Assistance Program (EAP) for troubled employees of Montana State Government and to provide assistance in occupational programming industry and business throughout the state.

Method

a) Develop a comprehensive policy and procedure manual for the Employee Assistance program by March 1981.

b) To conduct an annual comprehensive review of the EAP by April 1981.

c) To provide services to a minimum of 70 troubled employees and their families by June 1981.

d) To promote the EAP through advertising and supervisory training - Ongoing.

e) Establish a means of determining program effectiveness through measurable client change by June 1981.

f) Provide technical assistance about occupational programming to alcohol and drug programs, public agencies, private businesses and other social service agencies upon request.

Objective 11 - To continue a specifically designed treatment and rehabilitation program for drug abusers and alcoholics that are recipients of federal Supplemental Security Income (SSI) payments.

Method

a) A minimum of quarterly contact with each client to determine treatment needs - Ongoing.

b) Prepare and submit reports to Social Security Administration on client progress - quarterly.

Objective 12 - Continue to maintain and upgrade alcohol and drug services in the correctional institutions at Pine Hills School for Boys, Swan River Youth Forest Camp and Montana State Prison.

Method

a) Provide supervision of the alcohol and drug counselor at Montana State Prison - Ongoing.

b) Conduct comprehensive on-site evaluations of the correctional institutions - annually.

c) Provide technical assistance to institutions at a minimum of once every six months and upon written request - Ongoing.

d) Include institution chemical dependency counselors in the quarterly drug Treatment and Rehabilitation meetings (dependent on program travel funds) - quarterly.

VI. PREVENTION, INTERVENTION, EDUCATION AND PUBLIC INFORMATION FUNCTIONAL PLAN

A. FY 80 Performance Report - Prevention

Objective 1 - Plan, develop and implement a coordinated means of assessing the alcohol and drug abuse prevention needs of Montana.

A prevention needs assessment questionnaire was developed in April and distributed in May of 1979. Responses were received from 208 individuals and organizations including school nurses and guidance counselors, community and home health nurses, alcohol and drug service agencies, mental health centers and probation and parole offices. This questionnaire identified existing resources, identified unmet needs and indicated prevention priorities.

Objective 2 - Develop a comprehensive substance abuse prevention plan for Montana.

Based on data obtained from the prevention needs assessment questionnaire, a Montana Substance Abuse Prevention Plan for FY 1981 was completed in draft form on December 31, 1979. The plan was reviewed by interested agencies and individuals and submitted in final form to NIDA on June 30, 1980 as part of the Comprehensive plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation.

Objective 3 - Prepare a plan for evaluation of prevention program effectiveness.

Completion of this objective was delayed until FY 81 in order to take advantage of the evaluation guidelines being developed for NIDA by the National Prevention Evaluation Resource Network (NPERN). Also, it was decided that an evaluation plan should not be developed until the Prevention Plan goals and objectives were established.

Objective 4 - Support and coordinate new and existing prevention and education resources statewide.

A total of thirteen (13) grants were awarded during FY 80 to the following programs:

a) $3,000 to the Billings Voice for Children to teach peer counseling skills to 75 youth and youth workers in Miles City and Butte.

b) $3,000 to the Flathead Valley Chemical Dependency Program to implement the Montana Alcohol Curriculum in the Kalispell elementary schools.

c) $1,500 to the Families Are Responsible Program to sponsor a parenting workshop in Bozeman for 150 people.

d) $2,646 to the Billings Police Department to develop and sponsor crisis intervention training for 150 law enforcement personnel.

e) $166 to the Sweetgrass County Foundation to tour a substance abuse puppet show to 5 county schools.

f) $3,000 to the Great Falls Junior League to implement the Montana Alcohol Curriculum in the Great Falls Jr. and Sr. high schools.

g) $900 to the Montana Law Enforcement Academy to develop and present a workshop on implementation of the Uniform Alcoholism and Intoxification Act for 30-40 people.

h) $1,500 to the Montana Catholic Conference to implement the Montana Alcohol Curriculum in Montana Parochial schools.

i) $1,571 to the 19th Judicial District Probation Department for training 4-6 parenting skills trainers in Lincoln County.

j) $812 to the Flathead Reservation Alcohol Program to train local law enforcement officers in implementation of the Uniform Alcoholism and Intoxification Act.

k) $10,987 to the Gallatin Council on Health and Drugs to provide intensive weekly parent effectiveness training to 130 parents over a 9 month period.

l) $5,000 to Eastern Montana College to partially support the Summer Workshop in Alcohol and Drug Studies.

In addition to awarding and monitoring prevention grants, technical assistance was provided to thirteen prevention programs for grants preparation, community organization, alternative programming and workshop development.

Objective 5 - Develop and refine alcohol and drug education available to the general public.

In addition to providing grant funds to assist four school systems in implementing the Montana Alcohol Curriculum, technical assistance was provided to five additional communities for curriculum implementation, evaluation and teacher training.

A "Drugs and the Elderly" package, developed by NIDA, was provided to the Changes Drug Program in Butte and to Wheatland Family Services in Harlowton. These packages, including films and handout material were well received in both communities. Contacts have been developed with the National Retired Teachers Association and the American Association of Retired Persons to supply packages to their local chapters.

The Department of Health and Environmental Sciences, under contract to ADAD, schedules and distributes drug and alcohol education films to interested organizations, agencies and individuals. In addition, four new drug education films were purchased for the library.

Sample drug and alcohol information literature was supplied to 48 individuals and agencies by request.

B. Definition of Terms

Substance Abuse - Substance abuse is the use of potentially dangerous chemical substances, including prescription and non prescription drugs, inhalents and alcohol in a manner which is detrimental to the health of the individual or which creates an obvious potential for harm to other persons.

Substance Abuse Prevention - Substance abuse prevention is a constructive process based upon the concept that by implementing a variety of effective learning processes and alternative activities, personal and social growth of the individual toward full human potential can be promoted and physical, mental, emotional or social impairment resulting from abuse of chemical substances can be inhibited or reduced. Prevention efforts include education, information, alternatives and intervention.

Education - Education, as a substance abuse prevention strategy, includes planned effective development of personal and social skills to assist persons to function and grow as individuals and as members of society without abusing chemical substances. Education activities include developing coping, problem solving and decision-making skills; strengthening self-esteen, defining and clarifying values and goals, and improving communication skills.

Information - Information, as a substance abuse prevention strategy, includes activities which make factual material available to general or selected audiences. Information activities include providing data about substance abuse, substances of abuse and their effects in a variety of formats including pamphlets, media releases, films, school programs, workshops, speaking engagements and adult education courses.

Alternatives - Alternatives, as a substance abuse prevention strategy, includes promotion of positive activities which can be used not only as substitutes for substance abuse, but also to encourage long-term constructive activity. Alternative projects include youth centers, employment programs, social action programs, community development projects and recreation centers.

Intervention - Intervention, as a substance abuse prevention strategy, includes efforts to recognize indicators of potential substance abuse and, through environmental change, attempt to alter the potential pattern. Intervention activities include parenting and family communication workshops, cross-age counseling, peer counseling, tutoring and career planning.

C. Prevention Needs Assessment

1. Introduction

The FY 81 Montana State Plan for Substance Abuse Prevention, which follows this introduction, was developed by the Alcohol and Drug Abuse Division (ADAD) of the Department of Institutions. The FY 81 plan has been distributed as a separate document but is also included in the Montana Comprehensive Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation. All annual updates will also be included in the State Plan.

With this plan, ADAD has attempted to systematically define the nature of substance

abuse in Montana (Problem Assessment), identify the existing substance abuse prevention services (Program Assessment), identify outstanding substance abuse needs (Needs Identification) and formulate an action plan to meet those needs. (Statement of Work).

2. Approach

For purposes of this Plan, needs assessment will be defined as a research and planning activity that seeks to identify existing and potential substance abuse problems in Montana, the prevention services currently available in the State and the extent of unmet need for prevention services. It has been assumed that current substance abuse problems will continue unless controlled through the use of positive and effective prevention strategies.

This needs assessment section will therefore be divided into four major parts: Problem Assessment, Program Assessment, Needs Identification, and Priorities. The Problem Assessment section will accumulate and analyze statistical data to define the substance abuse problem in Montana. The Program Assessment section will identify existing substance abuse prevention services within the state. The Needs Identification section will review the conclusions of the preceding two sections and identify prevention needs identified in the previous section and establish implementation goals and priorities.

3. Data Sources

Montana Substance Abuse Prevention Planning Study. This Study was undertaken in the spring and summer of 1979 by the Alcohol and Drug Abuse Division Prevention Coordinator in consultation with the Center for Population Research at the University of Montana. A questionnaire was designed to identify existing substance abuse prevention services and training resources in the state, and also to identify perceived gaps in services and training. Additional questions addressed perceptions of the substance abuse problem in general. Discussion of this study and a copy of the questionnaire are included in Appendix C .

Youth Needs in Montana, February 1978. This Study was conducted as a joint effort by the Child and Youth Development Bureau of the Montana Department of Social and Rehabilitation Services and the Montana Board of Crime Control. It was based on a Youth Needs Questionnaire developed for the Office of Youth Development, Department of Health, Education and Welfare. The portion of the schedule used in the Montana Surveys is a self-administered checklist of approximately sixty potential problems and needs which a young person could have. The questionnaire was administered to a sample of youth attending grades 7-12 in the public school systems of Montana.

Montana State and Regional Plans on Youth, Alcohol and Drug Abuse, June 1978. This Report was developed by the Youth Substance Abuse Task Force to Alcohol and Drug Abuse Division, and was prepared in cooperation with the Child and Youth Development Bureau of the Department of Social and Rehabilitation Services. Five youth committees, representing each of the five state planning regions, presented individual and collective recommendations for prevention, education and intervention of substance abuse for youth.

State of Montana, Comprehensive Plan for Alcoholism and Drug Abuse Prevention, Treatment and Rehabilitation, Fiscal Year 1980. This Plan, updated annually, is the state plan for development and implementation of substance abuse services statewide. Upon completion, the Substance Abuse Prevention Plan will be incorporated into this document.

Health Planning Documents. To the extent that they address substance abuse prevention, the comprehensive annual plans of the Montana Health Systems Agency and the Montana Department of Health and Environmental Sciences have been used as source documents.

Crime in Montana, 1977 Annual Report. This Document, compiled by the Criminal Justice Data Center of the Montana Board of Crime Control was used for statistics related to substance abuse crimes.

Program Statistics. Statistics from the Client Oriented Data Acquisition Process (CODAP) and the State Alcohol Information System (AIS) was used to profile substance abuse treatment service clients.

1979 Inmate Profile Survey. This survey was conducted by the Montana Department of Institutions and included a random sample of 109 inmates of the Montana State Prison. The purpose of the survey was to determine those services most needed by the prison inmates.

4. Problem Assessment

Approach

The purpose of this section is to define the substance abuse problem in Montana through analysis of available statistical data.

The data used throughout this analysis are primarily drug use indicators. Drug use indicators include statistics on admissions to drug abuse programs, and drug related arrests and convictions. These data will be used to profile the "at risk" population, the drugs of choice, the extent of the problem and projected trends. It will be assumed that the identification of the specific size of the "at risk" population for prevention purposes is neither feasible, given available data, nor necessary, since available resources preclude providing prevention services to the entire "at risk" population.

Normally, secondary source material would also be used for problem assessment purposes. Such data would include problem behavior indicators such as school drop-out rates, truancy and vandalism statistics, and low grade achievement. Such secondary data sources are important as supporting documentation, but extent of correlation between problem behavior and substance abuse is to date still undefined. Therefore, due to time constraints such data has not been included. Inclusion of such supplementary data is anticipated for future revisions of the substance prevention plan.

Assessment of the substance abuse problem in Montana is difficult due to the generally hidden nature of the activity. Even abuse of a legal substance such as alcohol often takes place at home and serious abuse problems are often obscured by well meaning family and friends. These factors are further complicated by the rural nature of the state with few drug programs confined to limited areas. Consequently, Montana has had to rely on limited amounts and sources of data to define the substance abuse problem. None of the data sources listed in the previous section will individually provide an accurate picture of Montana's substance abuse problem. However, when analyzed together such indicators present reliable patterns and profiles of the problem in the state.

Substances of Abuse

Alcohol. There is no question that the primary substance of abuse in Montana is alcohol, either alone or in combination with other drugs. According to the February, 1979 National Status Report by NIAAA, Montana ranks third in the nation in per capita consumption of beer and eleventh in overall per capita consumption of alcoholic beverages.

The 1979 Prevention Planning Study requested respondents to rank various substances of abuse in order of seriousness. The results are displayed on Table 26 . Respondents rated alcohol as the most seriously abused substance in Montana. Alcohol in combination with other drugs was ranked as the second most serious abuse problem in the state.

In addition to the 5,596 primary clients admitted to state alcohol treatment programs in 1979, 677 primary clients were admitted to state drug abuse treatment programs. Tables 2 and 9 analyze the substances abused by these clients. Approximately nine percent of these drug treatment program clients used alcohol as the primary drug of abuse while alcohol was a secondary or tertiary drug for an additional 39 percent of these clients.

Amphetamines. Amphetamines appear to be the most prevalent single substance of abuse in Montana. Twenty-nine percent of admissions to state drug treatment programs in 1979 indicated a primary problem with amphetamines. An additional nineteen percent had a secondary or tertiary problem with amphetamines. Approximately one third of the total drug program treatment population since 1975 have indicated a primary problem with amphetamines. Questionnaire respondents ranked amphetamines as the fourth most seriously abused substance.

Marijuana. Admissions for the abuse of marijuana have continued to increase since 1976. Crime and arrest data reveal that marijuana is the predominant drug violation charge, accounting for seventy-one percent of all drug arrests and almost twenty percent of program admissions in 1979. This law enforcement emphasis on marijuana does not necessarily indicate that marijuana is the major drug of abuse in Montana, but it does account for increasing referrals to drug treatment programs resulting from marijuana arrests. Questionnaire respondents ranked marijuana as the third most seriously abused substance.

SUBSTANCES OF ABUSE IN MONTANA*

Table 26

SUBSTANCE	RANK **	AGE GROUPS MOST AFFECTED						
		Less than 11	11 - 13	14 - 16	17 - 18	20 - 25	26 - 64	Greater than 64
Alcohol	1.7	X	X	X	X	X	X	X
Alcohol & Drugs	2.4		X	X	X	X	X	X
Marijuana	2.6		X	X	X	X	X	
Amphetamines	3.7			X	X	X	X	
Inhalents	3.7	X	X	X	X			
Multiple Use Excluding Alcohol	3.9			X	X	X	X	
Depressants	3.9			X	X	X	X	
Hallucinogens	4.2			X	X	X		
Opiates	4.6				X	X	X	
Cocaine	4.6			X	X	X	X	

* Data based on 1979 Montana Substance Abuse Prevention Planning Study

** Respondants ranked the seriousness of abuse on a 1 - 10 scale (1 being most serious.) The figure shown is the average (mean) rank.

Depressants. Depressant drugs such as barbiturates, sedatives and tranquilizers accounted for twelve percent of drug program admissions in 1979 with an additional sixteen percent of clients indicating depressant drugs as a secondary or tertiary problem. Questionnaire respondents ranked depressant drugs as the seventh most seriously abused substance.

Opiates. Montana does not have a substantial opiate abuse problem. Admissions for abuse of opiates has consistantly accounted for only eight to twelve percent of the state's treatment population since 1975. Opiates were ranked as the ninth most seriously abused substance.

Multiple Drug Use Patterns. As previously indicated, polydrug abuse is a significant problem in Montana. Questionnaire respondents ranked alcohol in combination with other drugs as the second most serious drug abuse problem. Multiple drug use excluding alcohol was ranked as number six. Of a total of 677 admissions in 1979, eighty-nine percent indicated a secondary drug problem and sixty-one percent indicated a third drug problem. Alcohol remains a major drug of abuse in multi-drug problems and is most frequently used with amphetamines and marijuana. (See Tables 14-15).

Other Drugs. Substances not mentioned previously, including cocaine, hallucinogens and inhalents constitute about twenty percent of the drug program admissions in 1979.

State Impact of Substance Abuse

Assessing the impact of substance abuse in Montana is difficult due to the generally hidden nature of the activity, and the size and rural character of the state. Nevertheless, some indicators are available to further define the problem.

Highway Patrol Data

The 1978 Annual Report prepared by the Montana Highway Patrol indicates that fifty-six percent of the drivers killed in Montana had been drinking prior to the accident. Also, thirty-four percent of passengers killed had been drinking and forty-eight percent of pedestrians killed had been drinking. Since 1973, the percentage of drivers, passengers and pedestrians who had been drinking prior to being killed on Montana Highways has remained constant at approximately forty percent.

Death Statistics

Statistics compiled by the Records and Statistics Bureau of the Montana Department of Health and Environmental Sciences indicate that a total of 134 deaths in 1978 were attributed to alcoholic psychosis, alcoholism and cirrhosis. Since 1974, deaths attributed to these causes ranged from a low of 111 in 1975 to a high of 144 in 1976.

Crime and Arrest Data

Arrests for drunkenness have decreased dramatically since passage of the Montana Uniform Alcohol and Intoxification Act in 1974. After a substantial increase in

1976, arrests for drunk driving have generally leveled off at about 3,000 per year. Arrests for possession of alcohol have fluctuated around 2,000. (See Table 27 and Exhibits 8-10).

Drug law arrests are currently subdivided into the categories of opiates, marijuana, dangerous drugs and other drugs. Opiates consist of opium and cocaine and their derivitatives including morphine, heroin and codeine; marijuana consists of marijuana and its derivatives of hashish; dangerous drugs consist of manufactured drugs such as LSD, demerol and methadone; other drugs include dangerous non-narcotic drugs such as barbiturates, benzedrine, methadrine and amphetamines.

The 1977 arrest profile reveals that marijuana is the predominant drug violation charge, accounting for 67.1 percent of all drug arrests. Opiates, synthetics and non-narcotics accounted for 6.2 percent of arrests, while 26.7 percent of drug arrests were not classified by the arresting agency.

Table 28 compares drug arrests by age group. Note that activity in the categories of opiates and marijuana starts in the 12-15 age group, peaks out in the 20-25 age group and declines with the 30-39 age group. This trend is also characteristic of non-narcotics; however, no arrests occur earlier than the 16-17 age group. Arrests for synthetics also begin in the 1-11 age group and peak between the ages of 20-25. The 20-25 age group dominates all drug arrests in every category. These statistics also correlate to treatment statistics which also indicate the 20-25 age group as high risk.

The reason for the drastic decline in drug arrests for the 26-29 age group has not yet been systematically evaluated, but it appears likely to be related to disenchantment with drugs, fear of being arrested and more involvement with alcohol.

Program Assessment

Much of the information contained in this section was gathered from the 1979 Montana Substance Abuse Prevention Planning Study. Of the 208 questionnaire respondents, 136 indicated that they provide some substance abuse prevention services. Data obtained from this cohort of 136 prevention service providers has yielded some general observations which will assist in evaluating the more specific data provided by the study.

Substance abuse prevention programs in Montana serve a primarily rural clientele. Forty five percent of the programs responding to the study serve a rural population, 10 percent serve an urban population and 41 percent serve both urban and rural clients.

Perhaps as a result of the primarily rural character of the state, few organizations exist solely for the purpose of providing substance abuse prevention services. Such services are normally part of a broader organizational mission. The two primary sources of prevention services in Montana are the schools and the substance abuse treatment programs. The public and private schools primarily provide information and education services as an adjunct to their primary educational goals. The alcohol and drug treatment programs provide prevention services as ancillary programs and for outreach purposes. These conclusions are evident from the study, which indicates that only 21 percent of programs providing prevention services are specifically funded for prevention activities.

SUBSTANCE ABUSE ARREST DATA*

1974 - 1978

Table 27

ARREST DATA	1974			1975			1976			1977			1978		
	Adult	Juvenile	Total**	Adult	Juvenile	Total**	Adult	Juvenile	Total**	Adult	Juvenile	Total**	Adult	Juvenile	Total*
Drunk	7,556	637	8,193	5,631	486	6,596	6,349	473	6,966	3,210	385	3,622	2,724	144	2,913
Drunk Driving	3,113	77	3,190	3,145	79	3,331	3,780	94	3,925	2,950	107	3,083	2,901	90	3,003
Possession of Alcohol	1,045	814	1,859	1,191	743	2,000	1,224	1,181	2,458	586	924	1,529	1,212	939	2,164
Drug Law Arrests	851	267	1,118	839	314	1,169	1,273	522	1,812	1,030	441	1,482	285	677	963
TOTALS	12,565	1,795	14,360	10,806	1,622	13,096	12,626	2,270	15,161	7,776	1,857	9,716	7,122	1,850	9,043

* From Montana Board of Crime Control Annual Report.

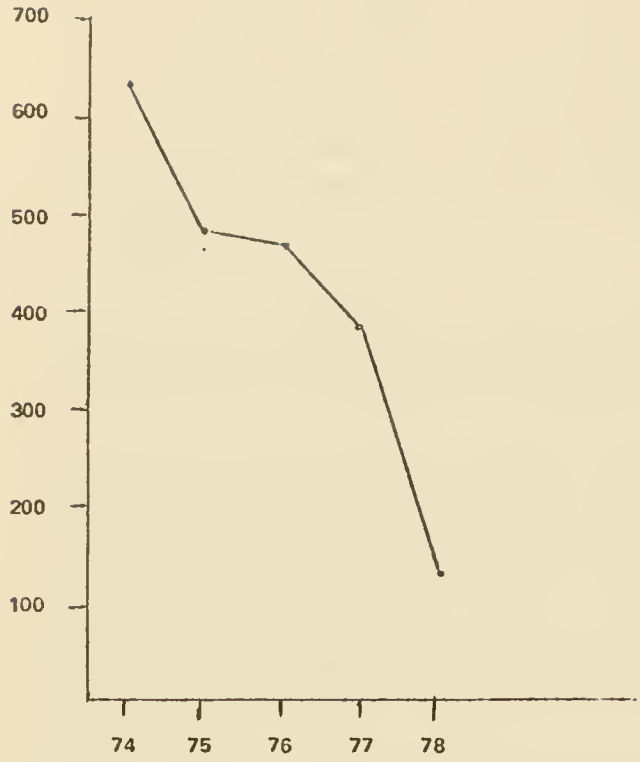
** Includes Adults, Juveniles and Age Unknown.

SUBSTANCE ABUSE ARREST DATA

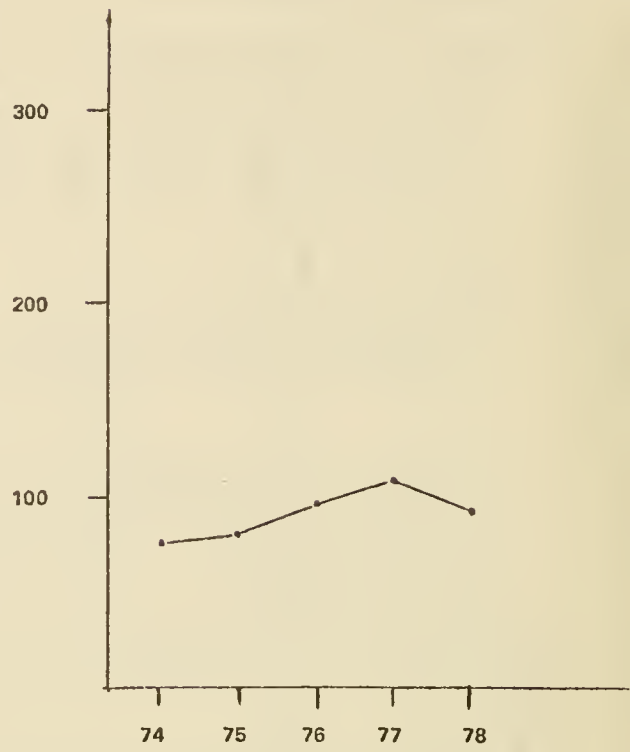
Exhibit 8

JUVENILE ARRESTS

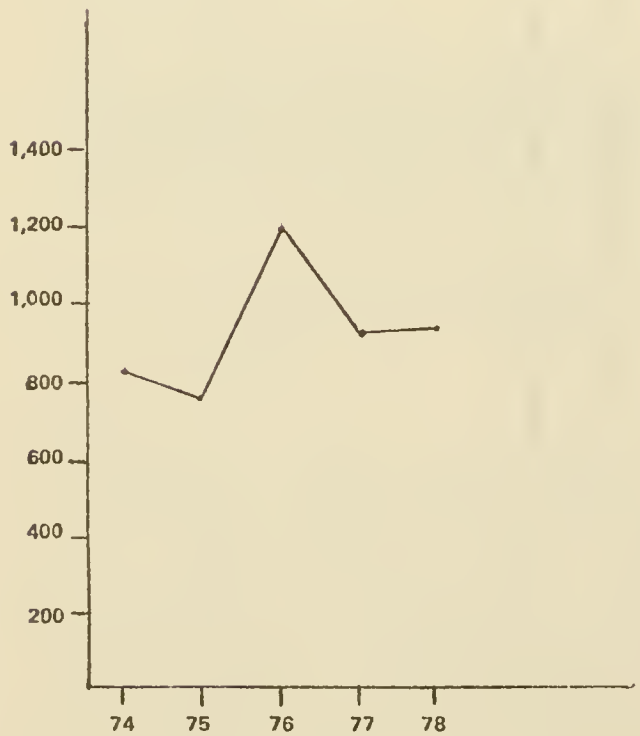
DRUNK



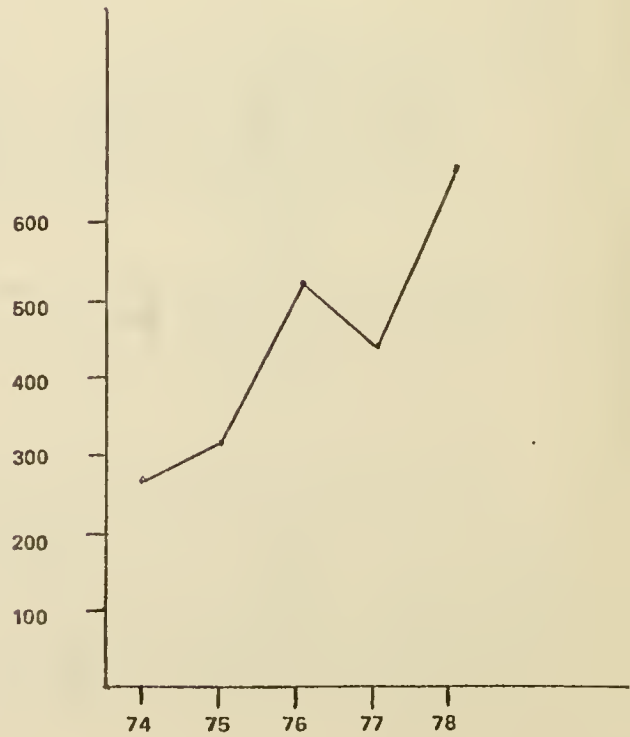
DRUNK DRIVING



POSSESSION OF ALCOHOL



DRUG VIOLATIONS

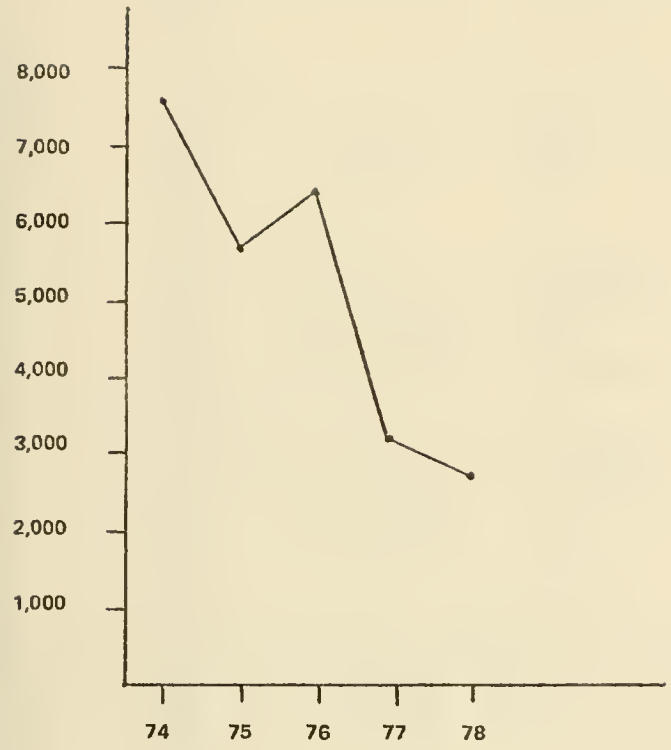


SUBSTANCE ABUSE ARREST DATA

Exhibit 9

ADULT ARRESTS

DRUNK



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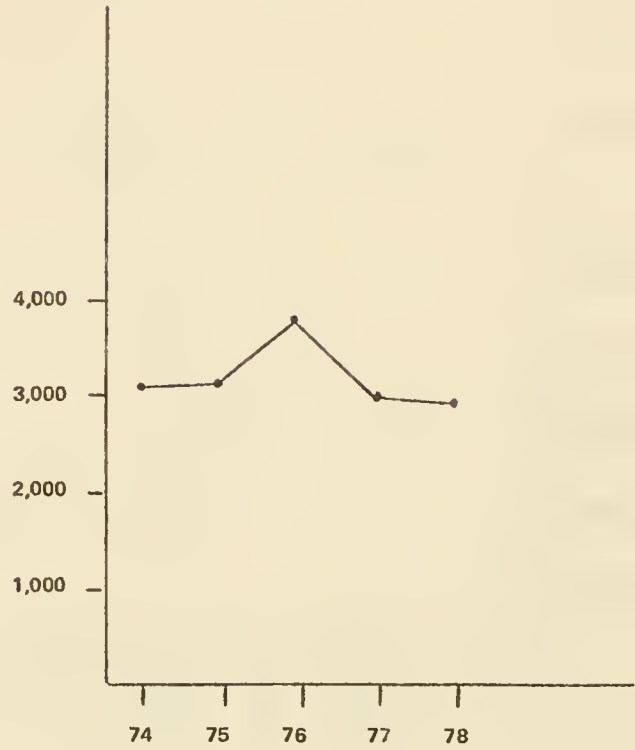
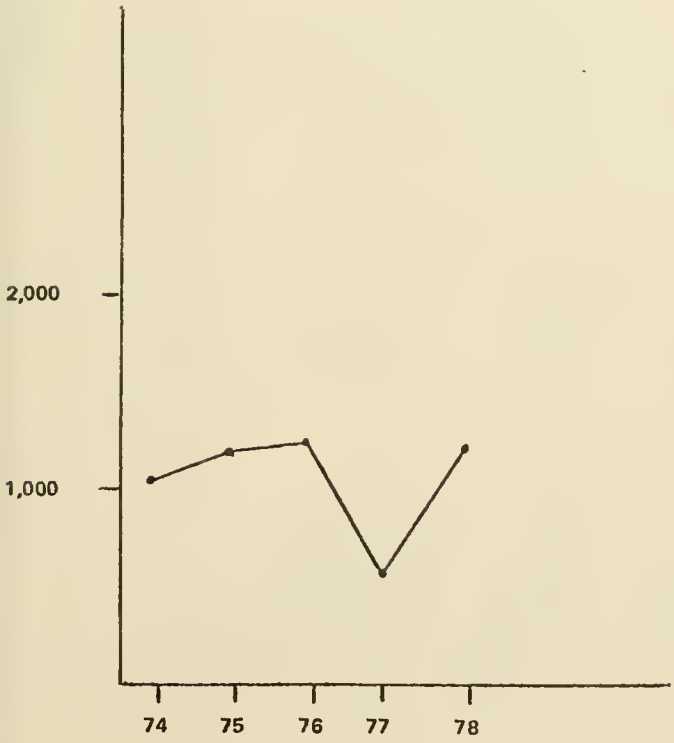
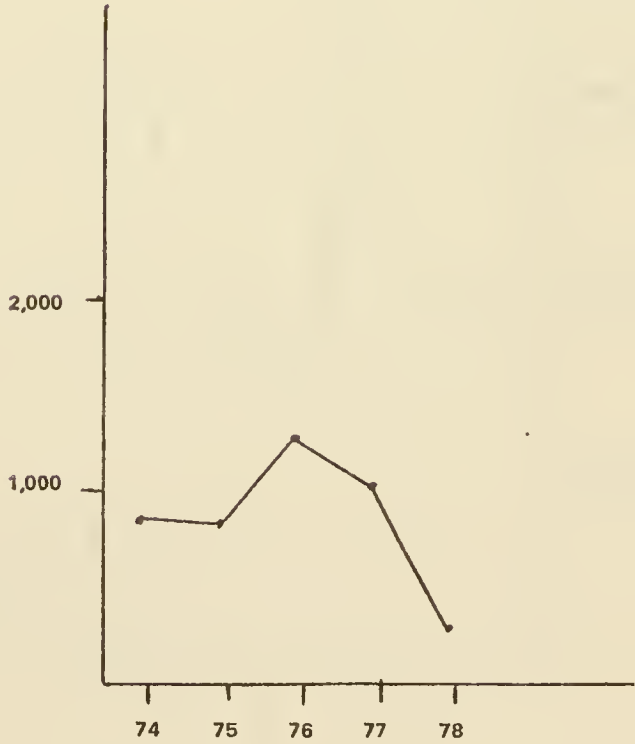


POSSESSION OF ALCOHOL



DRUG VIOLATIONS

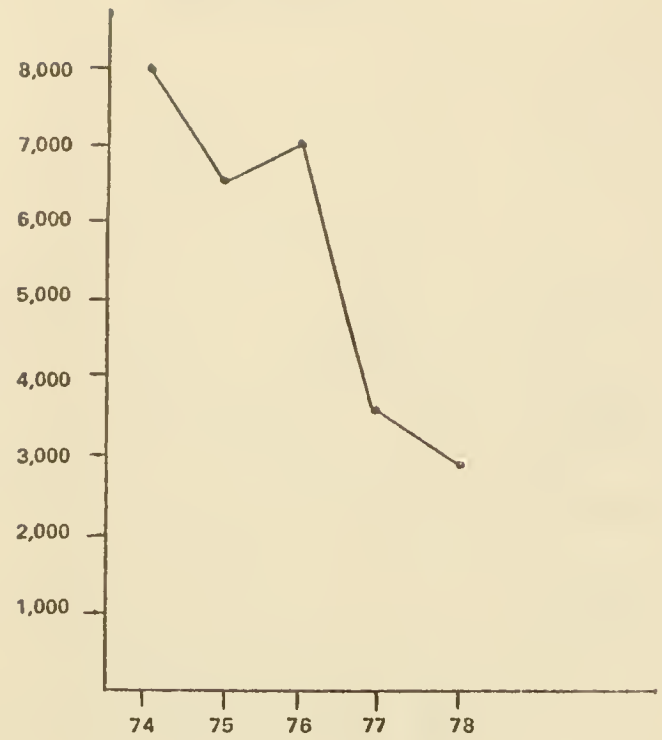


SUBSTANCE ABUSE ARREST DATA

Exhibit 10

TOTAL ARRESTS*

DRUNK



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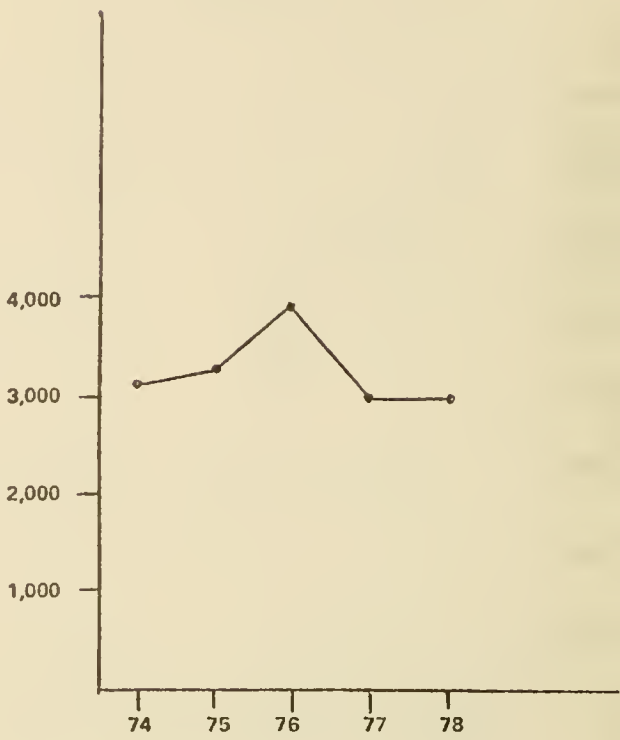
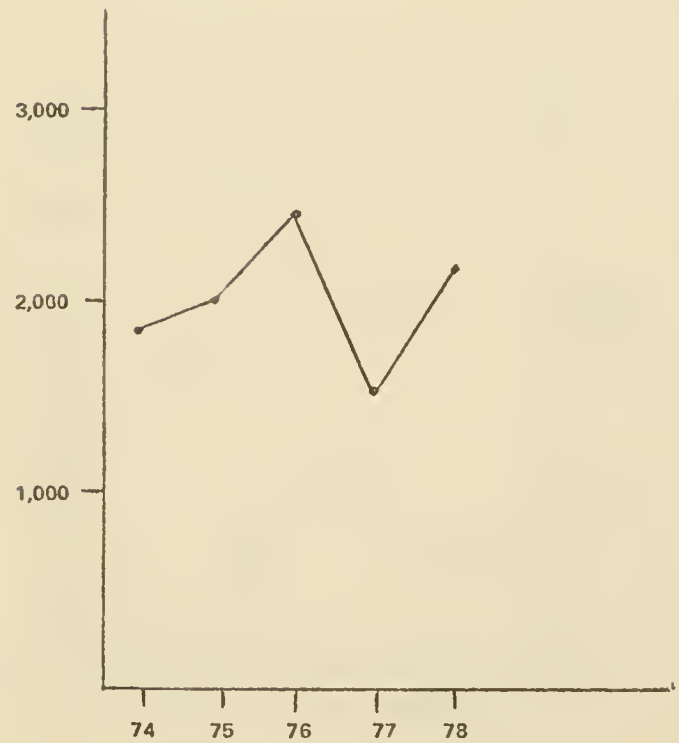


POSSESSION OF ALCOHOL



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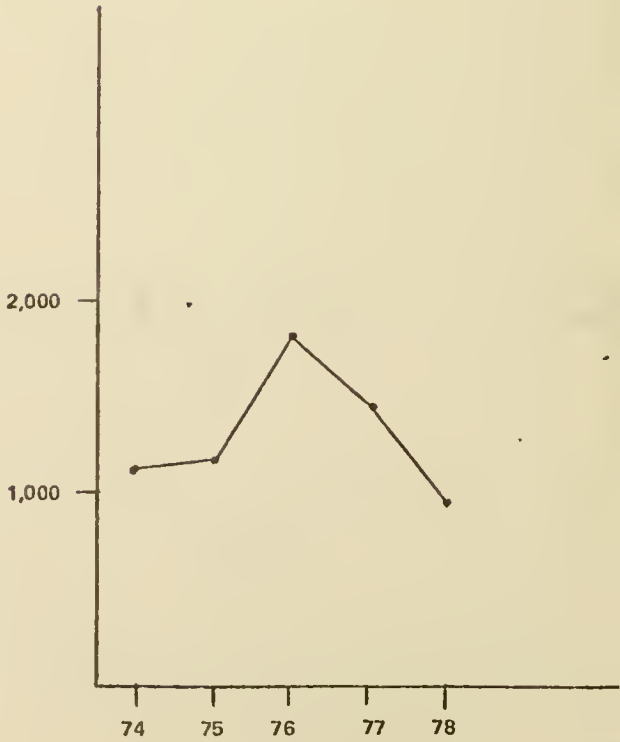

* Includes adults, juveniles and age unknown

DRUG ARRESTS BY AGE GROUP*

Table 28

1977

	1 - 11	12 - 15	16 - 17	18 - 19	20 - 25	26 - 29	30 - 39	40 - 49
Marijuana								
Possession								
Felony	0	3	21	39	56	8	5	1
Misdemeanor	0	119	236	151	163	35	22	2
Selling	0	2	8	27	61	23	7	0
Subtotal	**0**	**124**	**265**	**217**	**280**	**66**	**34**	**3**
Opiates								
Selling	0	2	0	4	5	2	2	0
Possession	0	1	0	2	7	3	4	2
Subtotal	**0**	**3**	**0**	**6**	**12**	5	6	**2**
Synthetics								
Selling	0	0	0	1	7	7	1	1
Possession	2	2	2	6	10	1	0	0
Subtotal	**2**	**2**	**2**	**7**	**17**	**8**	**1**	**1**
Non-Narcotics								
Selling	0	0	1	0	2	4	0	0
Possession	0	0	1	1	9	5	1	0
Subtotal	**0**	**0**	**2**	**1**	**11**	**9**	**1**	**0**
Drug Unknown	0	11	30	116	170	41	16	3
TOTAL	**2**	**140**	**299**	**347**	**490**	**129**	**58**	**9**

* Source: Montana Board of Crime Control, Criminal Justice Data Center

Prevention Target Groups

Table 29 indicates the major target groups for prevention services provided by schools and by substance abuse programs. The numbers on Table 29 indicate the percentages of questionnaire respondents indicating the listed category as a major target group.

As shown on the table, the major school target groups for prevention services are grades 7-9, with 25 percent of responding schools targeting the Native American population. Major substances of abuse targeted by the schools are alcohol and drugs in combination, marijuana, and alcohol.

As might be expected, substance abuse programs serve a more varied clientele. The major school aged targets are grades 7-12, with additional services aimed at young and middle aged adults. Fifty-two percent of responding programs consider the Native American population as a major target group. Major substances of abuse targeted by the substance abuse programs are alcohol and drugs in combination, alcohol and marijuana. These priorities coincide with the major drugs targeted by the schools and also with the major substances of abuse identified in the Problem Assessment. Substance abuse programs also identified those professions targeted for training in substance abuse prevention. Parents and teachers are major targets, with substantial training also being provided to school counselors, human service workers and criminal justice personnel.

No significant differences were observed between rural and urban programs. In fact, responses from both types of programs were remarkably similar.

Prevention Programming Status

As defined earlier, substance abuse prevention activities include information, education, alternatives and intervention. The 136 prevention service providers responding to the study indicated an average of 21 percent of staff time spent on prevention activities with 30 percent of that time devoted to information, 34 percent to education, 17 percent to alternatives and 11 percent to intervention.

All 208 respondents to the study were asked to indicate which prevention services were available in their community. Table 30 displays a variety of prevention activities and the percentage of respondents indicating that the activity is available in their community. The table only indicates availability of the service and does not distinguish between free activities and activities for which a fee is charged.

As would be expected in a primarily rural state with very limited prevention funding, the most prevalent prevention services are concentrated in the areas of information and, to a lesser extent, education. Alternative activities are generally provided through local schools and recreation departments. Intervention programs are generally sponsored by or supported through state funding.

Prevention Training Status

Table 31 displays the training status of the 136 prevention service providers responding to the study. The numbers on the table represent the percentage of respondents indicating training status as described for the activities listed. Those activities where program personnel are best trained are in the information

SUBSTANCE ABUSE PLANNING STUDY
MAJOR TARGET GROUP ANALYSIS*
PREVENTION SERVICE PROVIDERS

	Schools	Alcohol & Drug Programs
STUDENTS		
Pre-School	0	12
Grades K - 6	27	36
Grades 7 - 8	71	86
Grade 9	63	88
Grades 10 - 12	18	100
NON-STUDENTS		
School Dropouts	20	52
Young Adults	13	95
Middle Adults	0	100
Aged	0	64
Parents	0	81
Industrial Workers	0	45
Professional & Managers	0	21
Unemployed	0	33
Prison Inmates	0	38
ETHNIC MINORITIES		
Native Americans	25	52
Hispanics	0	7
Blacks	0	7
SUBSTANCE OF ABUSE		
Alcohol	36	100
Amphetamines	9	36
Barbiturates	9	36
Cocaine	7	21
Hallucinogens	7	31
Inhalents	13	43
Marijuana	43	64
Opiates	7	29
Alcohol & Drugs	66	100
Multiple Use Excluding Alcohol	11	45
OCCUPATION		
Parents	0	86
Teachers	0	93
School Counselors	0	74
Nurses	0	40
Physicians	0	36
Pharmacists	0	12
Human Service Workers	0	67
Clergy	0	48
Police/Sheriff	0	74
Judges	0	67
Prison/Jail Staff	0	38

* Numbers represent percentage of respondants indicating listed category as a major target group.

SUBSTANCE ABUSE PLANNING STUDY
PREVENTION PROGRAMMING ANALYSIS*
ALL RESPONDANTS

INFORMATION	
Alcohol & Drug Awareness Presentations	79
Pamphlets/Brochures	84
Films	75
Newspaper Ads/Features	45
Radio Spots/Features	41
TV Spots/Features	34
Guest Speakers	60
Student Guides/Handbooks	41
Workshops/Seminars	42
EDUCATION	
Assertiveness Training	38
Behavior Contracting	35
Career Education	50
Communication Skills	49
Decision Making Skills	43
Leadership Skills	23
Psycho/Social Drama	14
Self Concept Training	34
Stress Management	24
Values Clarification	53
ALTERNATIVES	
Art, Music & Drama	50
Crafts	49
Vocational Skills	46
Meditation, Yoga, & Relaxation	26
Sensory Awareness	15
Community Action Groups	28
Social Service Groups	53
Sports/Physical Activities	66
Outdoor/Wilderness Experiences	43
INTERVENTION	
Alternative Schools	19
Parent Effectiveness Training	40
Teacher Effectiveness Training	28
Counselor Effectiveness Training	28
New Peer Groups	23
School Policy Guideline Development	22

* Numbers represent percentage of respondants indicating listed service is available in their community.

SUBSTANCE ABUSE PLANNING STUDY
TRAINING STATUS ANALYSIS*
PREVENTION SERVICE PROVIDERS

	Staff is Trained and Can Teach	Staff is Trained	Staff is Not Trained
INFORMATION			
Alcohol & Drug Awareness Presentations	52	20	21
Pamphlet/Brochure Selection	37	22	31
Media Ads/Features Preparation	17	11	56
Speaker's Bureau Organization	32	17	38
Student Handbooks/Guide Preparation	23	11	49
Workshops/Seminar Presentation	27	13	45
EDUCATION			
Assertiveness Training	24	21	43
Behavior Contracting	24	23	41
Career Education	26	15	43
Communication Skills	37	28	25
Decision Making Skills	32	28	29
Leadership Skills	21	26	40
Psycho/Social Drama	12	15	58
Self Concept Training	26	27	35
Stress Management	16	18	51
Values Clarification	34	29	27
Pharmacology	12	22	51
Early Identification Methods	21	23	42
ALTERNATIVES			
Art, Music, Drama	18	8	59
Crafts	24	9	54
Vocational Skills	14	16	57
Meditation, Yoga, Relaxation	15	13	58
Sensory Awareness	9	12	65
Sports/Physical Activities	27	18	43
Outdoor/Wilderness Experiences	21	18	49
INTERVENTION			
Parent Effectiveness Training	22	21	47
Teacher Effectiveness Training	22	14	53
Counselor Effectiveness Training	24	17	49
New Peer Group Formation	13	9	60
School Policy Guideline Development	11	19	56
MANAGEMENT			
Needs Assessment Techniques	17	35	38
Formulation of Goals & Objectives	23	39	27
Program Development/Modification	20	35	34
Program Evaluation	16	40	32
Proposal Writing	17	21	51
Interagency Collaboration	17	30	39
Community Organization	18	28	43
Prevention Techniques	21	28	40
Time Management	10	25	52
Program Accounting	10	22	54
Records Management	11	28	48

* Numbers represent percentage of respondants indicating training status as described.

and education areas. Specifically, staff training is most prevalent in presenting substance abuse awareness programs, selecting pamphlets and brochures, and teaching skills in decision making, communications and values clarification. As would be expected in a primarily rural state with limited prevention funding, program staff are not well trained in some of the more innovative prevention activities such as psycho-social drama, yoga and sensory awareness.

It would appear from Table 31 that staff training in certain basic management skills such as program accounting and records management are low. However, more detailed analysis indicates that these skills are available in most alcohol and drug programs, and that the percentages are skewed by inclusion of school personnel who would not normally be expected to have these skills.

All 208 study respondents were asked to indicate those activities in which their staff were able to train others. Table 32 displays where training resources are available in the state. If at least 50 percent of respondents in a provider category indicated that they had staff who could train others in a specific prevention activity it was denoted on Table 32 . This table clearly shows that trainers in many education and intervention techniques are available in mental health centers throughout the state.

Prevention Evaluation Status

The 136 prevention service providers responding to the study indicated an average of 9 percent of staff time spent on prevention program evaluation. The school respondents reported an average of 7 percent evaluation time and the alcohol and drug abuse programs reported an average of 13 percent time spent on evaluation.

Table 33 displays a variety of evaluation techniques. The numbers represent the percentage of respondents indicating that the listed technique is used for evaluating prevention services. The most commonly used evaluation technique for all types of service providers is informal staff feedback. To a considerably lesser extent, the school programs use client questionnaires and client pre/post testing. In addition to informal staff feedback, the alcohol and drug programs indicate that they rely on the annual state evaluation for evaluating prevention services. To a lesser extent these programs also use formal staff reviews and client questionnaires.

Evaluation of prevention services in Montana is embryonic. The limited prevention funding to date has been devoted to providing direct services with little effort toward evaluation. Informal staff feedback may be useful, but is clearly no substitute for adequately designed and documented evaluation. Similarly, the annual state evaluation of substance abuse programs is process oriented and does not attempt an impact evaluation for prevention services.

Prevention Funding Status

Table 34 displays prevention funding in Montana for FY 80. The specific funds and programs listed are those specifically earmarked for prevention. As indicated previously, 79 percent of programs providing prevention services are not specifically funded for prevention and provide these services as resources permit. Therefore, Table 34 represents only those services specifically earmarked for prevention.

SUBSTANCE ABUSE PLANNING STUDY
TRAINING RESOURCE ANALYSIS
ALL RESPONDANTS

	Schools	Alcohol & Drug Programs	Mental Health Centers
INFORMATION			
Alcohol & Drug Awareness Presentations		X	X
Pamphlet/Brochure Selection		X	X
Speaker's Bureau Organization		X	X
Workshop/Seminar Presentation		X	X
EDUCATION			
Assertiveness Training			X
Behavior Contracting			X
Career Education	X		
Communication Skills	X		X
Decision Making Skills			X
Self Concept Training			X
Stress Management			X
Values Clarification			X
ALTERNATIVES			
Art, Music, Drama	X		
Crafts	X		
Vocational Skills	X		
Sports/Physical Activities	X		
INTERVENTION			
Parent Effectiveness Training			X
Teacher Effectiveness Training			X

SUBSTANCE ABUSE PLANNING STUDY
EVALUATION STATUS ANALYSIS*
PREVENTION SERVICE PROVIDERS

Evaluation Technique	Schools	Alcohol and Drug Programs	All Prevantion Providers
Informal Staff Feedback	43	86	60
Formal Staff Review & Reports	2	55	26
Community Surveys	13	31	22
Annual State Evaluation	2	81	32
Client Questionnaires	27	40	32
Client Pre & Post Tests	29	33	24
Experimental/Control Groups	0	14	4

* Numbers represent percentage of respondants indicating listed technique is used for evaluating services.

PREVENTION FUNDING STATUS
FY 1980

Table 34

	Service Provided	Funding Source	Amount[1]	No. Served
Grants to Programs				
Billings Voice for Children	Peer Counseling Training	1	$ 3,000	60
Gallatin Council on Health and Drugs	Parent Effectiveness Training	1	10,987	100
Families are Responsible	Parenting Workshop	1	1,500	150
Flathead Valley Chemical Dependency	School Curriculum Training & Implementation	1	3,000	350
Sweetgrass County Foundation	Substance Abuse Puppet Show	1	166	200
Montana Catholic Conference	School Curriculum Training & Implementation	1	1,500	275
Great Falls Junior League	School Curriculum Training & Implementation	1	3,000	75
19th District Probation Department	Parent Effectiveness Training	1	1,571	25
Unobligated to Date (12/1/79)			5,276	N/A
Administration				
State Alcohol & Drug Abuse Division	Prevention Coordinator Salary & Operating Costs	2	$30,835	N/A
Contracts for Services				
University of Montana	Needs Assessment Survey and Analysis	2	$ 5,000	N/A

1) These figures are maximum budgeted dollars for cost reimbursable contracts. Actual costs may be less.

Funding Source Codes: 1) Drug Formula (409) Funds
2) NIDA Prevention Coordinator Contract

Summary

The 1979 Montana Substance Abuse Prevention Planning study has yielded considerable insight about the current status of prevention in the state. Programs are primarily aimed at the 13-24 age group, with special programs directed at the Native American population. Programs are mainly concentrated in the areas of information and education, with substance abuse awareness presentations, "life skills" training and parent effectiveness training predominating. Staff training exists primarily in the aforementioned areas. Mental health centers throughout the state represent a previously underutilized training resource. Little has been done to date to effectively evaluate prevention programs. What evaluation has been done has been process oriented. Few organizations exist solely to provide substance abuse prevention services, and many prevention activities are performed as an adjunct to treatment services. Consequently, prevention activities are normally the first to be curtailed when resources are cut back.

6. Needs Identification

Target Group Needs

Data from the Substance Abuse Planning Study regarding underserved target groups was inconclusive since less than 10 percent of the respondents chose to complete this part of the questionnaire. However, there does seem to be general agreement that additional prevention activities should be aimed at children in grades kindergarten through six. Additionally, respondents indicated that parents and teachers should receive more substance abuse education and effectiveness training. This need for parenting programs was also identified in the 1978 Youth Task Force Needs Survey and the 1978 Youth Task Force Report.

Prevention Programming Needs

Several data sources described previously suggest directions for substance abuse prevention programming in Montana. All 208 respondents to the Montana Substance Abuse Prevention Planning Study were asked to indicate which prevention services should be added or increased in their community. The results are displayed in Table 35 , while Table 36 indicates prevention programming needs priorities by region. These data indicate a strong and consistent demand for intervention services such as effectiveness training for parents, teachers and counselors. Additional demand for "life skills" education is also displayed. Alternative demand for "life skills" education is also displayed. Alternative programs in community action, outdoor experiences and vocational skills are also desired. These needs are generally consistent for all regions.

Exhibit 11 displays selected findings from the Youth Needs in Montana survey. These data indicate that alcohol and drug counseling and education are a problem for a small minority of students, but are a very serious need for those students. The needs expressed by the largest number of students involve insufficient recreational and vocational opportunities, lack of interest or communication from parents and school personnel, and concern about neighborhood theft and vandalism.

SUBSTANCE ABUSE PLANNING STUDY
PROGRAMMING NEEDS ANALYSIS*
ALL RESPONDANTS

	Schools	Alcohol & Drug Programs	All Respondants
INFORMATION			
Workshops & Seminars	9	17	13
EDUCATION			
Assertiveness Training	9	25	16
Career Education	3	21	11
Communication Skills	5	15	12
Decision Making Skills	9	15	13
Leadership Skills	6	17	12
Self Concept Training	12	21	16
Stress Management	9	21	16
Values Clarification	6	17	13
ALTERNATIVES			
Community Action/Social Change Groups	8	19	13
Outdoor/Wilderness Experiences	10	8	13
Vocational Skills	6	15	11
INTERVENTION			
Parent Effectiveness Training	13	29	19
Teacher Effectiveness Training	21	38	25
Counselor Effectiveness Training	14	31	20
New Peer Groups	6	25	15
School Policy Guideline Development	10	29	18

* Numbers represent percentage of respondants indicating a need for each listed activity.

SUBSTANCE ABUSE PLANNING STUDY
PROGRAMMING NEEDS ANALYSIS*
REGIONAL PRIORITIES

	REGIONS				
	I	II	III	IV	V
INFORMATION					
Workshops & Seminars	2	3	3	3	
EDUCATION					
Assertiveness Training	1		2	1	
Career Education			2	3	
Communication Skills	3	2	3	3	
Decision Making Skills	2	3	2	3	
Leadership Skills	1	3	3	2	
Self Concept Training	1	2	3	2	
Stress Management	1	1	3		2
Values Clarification		3	3	2	
ALTERNATIVES					
Community Action/Social Change Groups		3	2	1	3
Outdoor/Wilderness Experiences	2	3		2	
Vocational Skills		3	3		2
INTERVENTION					
Parent Effectiveness Training	3	3	1	1	1
Teacher Effectiveness Training	2	1	1	1	1
Counselor Effectiveness Training	2	1	1	2	3
New Peer Groups	2	2	2	3	3
School Policy Guideline Development	3	2	2	1	2

* Numbers represent 1st, 2nd and 3rd priorities.

YOUTH NEEDS IN MONTANA
SELECTED FINDINGS

Exhibit 11

Problem or Need	Yes. This is a Problem.		Frequency			Seriousness		
	%	No.	Once or Twice	Sometimes	Very Often	Not Serious	Serious	Very Serious
JOBS:								
Available jobs have no future	33.7	570	30.4	31.0	38.6	43.8	34.8	16.9
Can't get job because of age	33.3	568	37.0	25.0	38.0	51.6	30.3	18.2
No specific training for job	25.3	450	45.5	38.3	16.2	56.5	32.6	10.9
ALCOHOL & DRUGS:								
Hassled by others to use or buy beer or alcohol	20.6	353	32.0	40.4	27.6	69.5	20.1	10.4
Hassled by others to use or buy drugs	13.1	225	40.8	37.6	21.6	62.5	22.6	14.9
Need alcohol counseling and education	2.4	42	27.3	48.5	24.2	19.4	50.0	30.6
Need drug counseling and education	2.0	35	14.8	40.7	44.4	26.7	26.7	46.7
SCHOOLS:								
Students have no say in how schools are run	53.9	927	18.2	40.5	41.3	24.4	43.1	32.6
Not enough different kinds of classes	36.7	626	21.1	46.2	32.7	31.5	42.3	26.2
School personnel don't understand kids	32.5	551	23.8	38.3	27.4	23.4	39.9	36.7
Lack of alternative school programs	25.8	439	37.1	42.1	20.8	37.2	44.7	18.1
NEIGHBORHOOD/PARENTS:								
Things stolen or destoryed in neighborhood	45.1	774	45.8	38.3	15.9	30.3	44.1	25.6
Parents don't understand kid's problems	37.8	648	26.3	39.5	34.2	30.7	37.7	31.7
Neighbors don't know or care about each other	20.8	356	23.7	43.2	33.1	34.2	36.7	29.2
No adult with whom to discuss problems	19.6	336	20.9	39.9	39.2	26.6	37.1	36.4
Parents don't spend enough time with kids	18.8	322	21.6	40.2	38.2	26.7	35.8	37.5
RECREATION:								
Recreational things cost too much	56.4	960	14.6	37.7	47.7	29.7	38.9	31.4
Centers not open/not enough to do	48.4	824	14.8	34.7	50.5	25.3	39.7	35.1

The Montana State and Regional Plans on Youth, Alcohol and Drug Abuse identify prevention programming needs in the following areas: 1) promoting a family response to the problem of substance abuse, 2) encouraging school personnel to obtain more information on substance abuse and available services, 3) encouraging elementary schools to develop programs to improve communication skills, and 4) increasing youth involvement in identifying social problems and developing solutions.

Although services to the prison population are a treatment rather than a prevention concern, results of the Inmate Profile Survey have prevention implications. Over 87 percent of those surveyed were considered disabled by dependence on alcohol or drugs. Over 50 percent were considered deficient in family relations, 53 percent were deficient in general social skills and over 52 percent were deficient in marketable vocational skills. Although these skill deficiencies are not necessarily correlated to substance abuse or incarceration, it can be assumed that teaching these skills during developmental years would decrease the likelihood of substance abuse or incarceration.

Prevention Training Needs

The 136 prevention service providers responding to the Montana Substance Abuse Prevention Planning Study were asked to indicate prevention training needs. Table 37 displays these results, while Table 38 indicates training needs priorities by region. In many cases the training needs reflect the programming needs previously indicated. Providers assigned high priorities to effectiveness training for parents, teachers and counselors. Other priority training needs include stress management and early intervention methods.

In addition to the training needs identified above, substance abuse programs gave high priority to assertiveness training, pharmacology training, sensory awareness and proposal writing. Mental Health Centers requested special emphasis on self-concept training and new peer group formation.

Prevention Evaluation Needs

As previously stated, evaluation of prevention programs in Montana is embryonic. Few prevention services have adequately designed and documented evaluation procedures. The limited prevention funding to date has been devoted to providing direct services. A comprehensive and coordinated system for evaluation of prevention activities is needed.

Summary

The data previously presented were derived from a variety of independent sources, yet indicate remarkably similar conclusions. Table 39 summarizes the recommendations and conclusions contained in the eight data sources identified on page 107. These data sources are listed and coded at the bottom of Table 39 . The codes are then used throughout the table to indicate recommendations for either specific regions or statewide.

SUBSTANCE ABUSE PLANNING STUDY
TRAINING NEEDS ANALYSIS*
PREVENTION SERVICE PROVIDERS

	Schools	Alcohol & Drug Programs	Mental Health Centers	All Providers
INFORMATION				
Alcohol & Drug Awareness Presentations	9	10	-0-	12
Workshops/Seminar Presentations	9	12	9	13
EDUCATION				
Assertiveness Training	11	24	9	15
Decision Making Skills	11	19	18	13
Early Identification Methods	20	14	18	21
Leadership Skills	9	12	18	13
Pharmacology Training	14	24	9	17
Self-Concept Training	18	17	27	15
Stress Management	13	31	18	19
Values Clarification	7	17	-0-	13
ALTERNATIVES				
Sensory Awareness	9	24	27	15
INTERVENTION				
Parent Effectiveness Training	23	21	-0-	20
Teacher Effectiveness Training	21	21	9	21
Counselor Effectiveness Training	18	17	9	18
New Peer Group Formation	11	14	27	16
School Policy Guideline Development	11	19	18	15
MANAGEMENT				
Proposal Writing	9	24	9	14
Prevention Techniques	13	19	18	15

* Numbers represent percentage of respondants indicating training is needed.

SUBSTANCE ABUSE PLANNING STUDY
TRAINING NEEDS ANALYSIS*
PREVENTION SERVICE PROVIDERS

	REGIONS				
	I	II	III	IV	V
INFORMATION					
Alcohol & Drug Awareness Presentations		3		1	
Workshops/Seminar Presentations		3		3	
EDUCATION					
Assertiveness Training	2			3	
Decision Making Skills		3		3	
Early Identification Methods		3	1		1
Leadership Skills	3				
Pharmacology Training			3		3
Self-Concept Training			3	1	
Stress Management		1		1	1
Values Clarification				1	
ALTERNATIVES					
Sensory Awareness	1			3	
INTERVENTION					
Parent Effectiveness Training	3		2	2	2
Teacher Effectiveness Training	3	2	3	1	2
Counselor Effectiveness Training			3	3	2
New Peer Group Formation		2	2	3	
School Policy Guideline Development		1		2	
MANAGEMENT					
Prevention Techniques			3	3	

* Numbers represent 1st, 2nd & 3rd priorities.

Table 39

PREVENTION NEEDS ANALYSIS
COMPARISON OF RECOMMENDATIONS

	Region					
	I	II	III	IV	V	Statewide
INFORMATION						
A. Coordinate Statewide Media Information Campaign	5	3	3	3	3	
B. Provide More and Better Information Materials		3	3		3	5
C. Provide Regional Libraries for Films and Literature					3	
EDUCATION						
A. Provide Instruction in Interpersonal and Life Skills						7,8
1. Promote Implementation of School Alcohol Curricula	3		3	3	3	1,2,5
B. Provide Training in Early Identification Methods						
1. Parents		7	7		7	3
2. Teachers/Counselors		7	7		7	3
C. Provide Training in Information and Referral Sources						
1. Parents						3
2. Teachers/Counselors						3
3. Criminal Justice Personnel	3,5	3		3	3	2,4
D. Provide Training in Prevention Techniques						
1. Teachers/Counselors			7	7		
2. Substance Abuse Program Staff			7	7		5
3. Criminal Justice Personnel	3,5	3		3	3	4
4. Mental Health Staff			7	7		
ALTERNATIVES						
A. Develop Youth Alternatives			3	3	3	4
1. Community Action Projects		7	7	7	7	
2. Outdoor/Wilderness Experiences	7	7				
3. Vocational Skills		7	7		7	
B. Train Mental Health & Substance Abuse Staff in Alternatives						
1. Sensory Awareness	7			7		
C. Promote Youth Employment Opportunities				3		4,6
INTERVENTION						
A. Develop Peer Counseling Programs	3		3	3	3	4,5,7
B. Promote Alternative School Policy Guidelines	5					7
C. Develop Effectiveness Training						
1. Parents	3		3	3		4,7
2. Teachers						7
3. Counselors						7

PREVENTION NEEDS ANALYSIS
COMPARISON OF RECOMMENDATIONS

	Region I	II	III	IV	V	Statewide
MANAGEMENT						
A. Develop Volunteer Help for Programs	5					
B. Coordinate Existing Youth Services		3				
C. Encourage Local Planning of Substance Abuse Programs	3,5					
D. Assure Youth Involvement in Planning	3	3	3	3		4
E. Develop Prevention Components in all Programs						2
F. Develop Special Programs for Underserved Populations						
1. Native Americans						5,6
2. Women						5,6
3. Aged						5
4. Youth						3,5,6
G. Develop a Comprehensive System for Program Evaluation						7

SUPPORTING DOCUMENTATION CODES

1. Montana Department of Health & Environmental Sciences Plan (2.2.5)
2. Montana Health Systems Agency Plan (2.2.5)
3. Montana State and Regional Plan on Youth Alcohol & Drug Abuse (2.2.3)
4. Youth Needs in Montana (2.2.2)
5. Montana Comprehensive Plan for Alcoholism & Drug Abuse (2.2.4)
6. Substance Abuse Program Statistics (2.2.7)
7. Montana Substance Abuse Prevention Planning Study (2.2.1)
8. Montana Inmate Profile Survey (2.2.8)

In general, substance abuse information appears to be readily available throughout the state. However, it is important to maintain the quality of informational material and disseminate new materials as they become available. The major identified information need is for educating parents, teachers and criminal justice personnel as to the available information and referral sources.

The major identified gap in prevention education is instruction in interpersonal and life skills. This area was identified as a priority in almost every study cited. The other major identified needs for education was training in prevention techniques and early identification methods for parents, teachers and social service program personnel.

The major alternative program needs generally involved training in vocational skills and promotion of employment opportunities. Additional interest was expressed in development of community action projects and outdoor experiences.

Several intervention strategies were identified as needs. Almost every data source identified effectiveness training for parents, teachers and counselors as a major need. In addition, development of peer counseling and school policy guidelines were indicated as major gaps in services.

Finally, special programs for Native Americans, women and the elderly are still needed. Special emphasis has been given to these populations in recent years, but additional help is obviously needed.

D. Statement of Work- Prevention

1. Problem Statements

INDIVIDUALS DO NOT HAVE ADEQUATE SKILLS TO COPE WITH AND PREVAIL OVER HUMAN PROBLEMS. SUCH SKILLS INVOLVE THE ABILITY TO CLARIFY VALUES, TO MAKE DECISIONS, TO COMMUNICATE VERBALLY, TO SOLVE PROBLEMS AND TO TAKE RESPONSIBILITY FOR ONE'S OWN ACTIONS. Six of the eight data sources previously identified recommended training in interpersonal and life skills. Approximately 50 percent of respondents to the Substance Abuse Prevention Planning Study indicated that training in these skills was available in their community, but approximately 20 percent indicated that additional education was needed.

SCHOOL PERSONNEL LACK ADEQUATE INFORMATION AND TRAINING TO EFFECTIVELY ASSIST STUDENTS IN MAKING RESPONSIBLE DECISIONS ABOUT USE OF ALCOHOL AND DRUGS. Approximately 23 percent of all respondents, 18 percent of school respondents and 34 percent of substance abuse program respondents to the Substance Abuse Prevention Planning Study indicated a need for teacher and counselor effectiveness training. Additionally, 20 percent of school respondents indicated a need for training in early identification methods for substance abuse and 31 percent expressed a need for training in school policy guideline development.

DIALOGUE BETWEEN CHILDREN AND PARENTS AT HOME IS OFTEN DIFFICULT DUE TO LACK OF COMMUNICATION SKILLS. Almost 38 percent of students responding to the Youth Needs Survey indicated that parents don't understand their problems and 20 percent stated that they had no adult with whom to discuss problems. Parent Effectiveness Training was indicated as a first priority need by three out of five regions in the Substance Abuse Prevention Planning Study, with 19 percent of all respondents identifying it as a need.

STATE SUPPORT OF LOCAL PREVENTION ACTIVITIES IS INADEQUATE. In FY 80, a total of $30,000 was available in the ADAD budget to support local prevention activities in 56 counties through direct grants. These monies are exclusively Drug Formula Funds (P.L. 92-255, Sec. 409). No alcohol formula funds are budgeted for direct grants for local prevention activities. State liquor and beer tax monies are distributed to counties for "treatment, rehabilitation and prevention of alcoholism," but no portion of these monies is specifically earmarked for prevention. As indicated in the Substance Abuse Prevention Planning Study, only 21 percent of programs providing prevention services are specifically funded for prevention. Consequently, when funding is reduced prevention services are usually the first to be cut back or eliminated.

PREVENTION PROGRAMS WHICH ADDRESS THE UNIQUE NEEDS OF NATIVE AMERICANS, WOMEN AND THE ELDERLY ARE INADEQUATE. As indicated by program statistics and detailed in the ADAD Comprehensive Plan, Native Americans comprise 22 percent of the alcohol program treatment population and 4.2 percent of the overall state population. Conversely, women represent only 23 percent of the alcohol program population. Native Americans account for 11 percent of the drug treatment population while women comprise 30 percent of drug program admissions. Although specific data is not available, program personnel continue to indicate an increasing drug abuse problem among elderly citizens due to lack of education about prescription and over-the-counter drugs.

ADOLESCENTS LACK ADEQUATE SKILLS TO ASSIST PEERS IN MAKING RESPONSIBLE DECISIONS ABOUT USE OF ALCOHOL AND DRUGS. Four of the eight data sources cited peer counseling training as a needed prevention activity and 15 percent of respondents to the Substance Abuse Prevention Planning Study indicated a similar need. All regions indicated peer counseling training as a second or third priority.

PREVENTION PROGRAMS AT THE STATE AND LOCAL LEVELS ARE UNABLE TO EVALUATE AND DOCUMENT THE EFFECTIVENESS OF PREVENTION ACTIVITIES. As indicated in the prevention evaluation status, there is currently no effective evaluation of prevention activities in Montana.

PREVENTION ACTIVITIES BY STATE AND LOCAL AGENCIES ARE HAMPERED BY LACK OF COORDINATION. Many public and private agencies at the state and local levels have similar prevention goals yet fail to coordinate activities. In some instances this lack of coordination is a result of interagency disputes, but it is more often caused by lack of information or awareness. Given limited prevention resources, it is vital that a cooperative atmosphere be developed.

ADOLESCENTS DO NOT HAVE OR DO NOT PERCEIVE THEMSELVES AS HAVING ADEQUATE ALTERNATIVES TO SUBSTANCE ABUSE. SUCH ALTERNATIVES INCLUDE EDUCATIONAL, RECREATIONAL AND VOCATIONAL ACTIVITIES. Approximately 12 percent of respondents to the Substance Abuse Prevention Planning Study indicated a need for alternatives. More importantly, approximately 33 percent of respondents to the Youth Needs Survey had problems getting a job, 25 percent wanted alternative school programs and 48 percent indicated that they did not have enough to do.

E. FY 81 Work Plan - Prevention

The following goals and objectives are based on the previous section. They are not listed in priority order.

GOAL I. IMPROVE THE SKILLS OF INDIVIDUALS TO COPE WITH AND PREVAIL OVER HUMAN PROBLEMS. SUCH SKILLS INVOLVE THE ABILITY TO CLARIFY VALUES, TO MAKE DECISIONS, TO COMMUNICATE VERBALLY, TO SOLVE PROBLEMS AND TO TAKE RESPONSIBILITY FOR ONE'S OWN ACTIONS.

Objective 1: Encourage and assist local schools to implement the Montana Teacher's Guide for Alcohol Education in grades K-12.

Method

a) Print an additional 1,000 copies of the Guide by September 1, 1980 for use by local schools.

b) Investigate and pursue federal grant monies for comprehensive implementation of the Guide.

Objective 2: Increase the availability of information and training for school personnel to assist students in grades K-12 to make responsible decisions about use of alcohol and drugs.

Method

a) In cooperation with the Office of Public Instruction, prepare a resource guide for training teachers to use the Guide by September 1, 1980.

b) Encourage and assist Montana Colleges and universities to develop accredited courses for training school personnel in prevention strategies, use of the Guide, information and referral sources and school guideline development.

GOAL II. IMPROVE COMMUNICATION SKILLS OF ADOLESCENTS AND PARENTS.

Objective 1: See Goal I, Objective 1.

Objective 2: Provide effectiveness training for at least 100 parents by June 30, 1981.

Method

a) Use grant funds to support community parent effectiveness training.

GOAL III. IMPROVE STATE SUPPORT OF LOCAL PREVENTION ACTIVITIES.

Objective 1: Continue current support of local prevention activities.

Method

a) Provide at least $25,000 in grant funds for local drug abuse prevention programs by June 30, 1981.

b) Provide technical assistance to local prevention programs in grants writing, prevention programming, community organization and alternative programs (ongoing).

c) Provide substance abuse information and education films through contract with the Department of Health and Environmental Sciences Film Library (ongoing).

d) Provide sample packets of substance abuse education materials (ongoing).

Objective 2: Expand support of local prevention activities.

Method

a) Provide at least $15,000 in grant funds for local alcoholism prevention programs by June 30, 1981.

b) Purchase at least 4 new films for film library by September 1, 1980.

c) Provide training in prevention programming to at least one staff member from ten local substance abuse programs by June 30, 1981.

GOAL IV. INCREASE PREVENTION PROGRAMMING FOR NATIVE AMERICANS, WOMEN AND THE ELDERLY.

Objective 1: Coordinate delivery of the NIDA "Elder-Ed" presentation in at least 15 communities throughout the state by June 30, 1981.

Method

a) Promote the package with local substance abuse programs and aging agencies.

b) Provide film and handouts to interested programs.

Objective 2: Determine prevention needs specific to the Native American population by June 30, 1981.

Method

a) Request technical assistance from the Center for Multicultural Awareness and Pyramid in determining prevention needs.

b) Include specific prevention objectives for the Native American population in the FY 82 plan.

Objective 3: Assist the Women's Task Force in developing prevention activities specific to women's needs.

Method

a) Support creation of a Women's Advocate position.

b) Assist the Women's Advocate in developing prevention activities.

GOAL V. IMPROVE THE SKILLS OF ADOLESCENTS TO ASSIST PEERS IN MAKING RESPONSIBLE DECISIONS ABOUT USE OF ALCOHOL AND DRUGS.

Objective 1: Provide peer counseling training for at least 60 people in two Montana communities by June 30, 1981.

Method

a) Use grant funds to support peer counseling training.

GOAL VI. PROVIDE FOR EVALUATION AND DOCUMENTATION OF THE EFFECTIVENESS OF STATE AND LOCAL PREVENTION ACTIVITIES.

Objective 1: Prepare a plan for evaluation of state and local prevention activities.

Method

a) Review evaluation services available from the National Prevention Evaluation Resource Network (NPERN) by August 1, 1980.

b) Prepare a management plan for use of NPERN services by October 1, 1980.

c) Prepare an implementation plan for evaluation of prevention activities by June 1, 1981.

GOAL VII. IMPROVE COORDINATION OF PREVENTION ACTIVITIES BY STATE AND LOCAL AGENCIES.

Objective 1: Review and revise the prevention component of the ADAD Comprehensive Plan to reflect current programs and priorities (ongoing).

Objective 2: Avoid duplication of services and foster cooperation among local and state agencies (ongoing).

Method

a) Place strong emphasis on interagency cooperation when evaluating grant requests.

b) Continue to develop cooperative relationships between ADAD and other state prevention programming agencies.

Objective 3: Determine the prevention programming status for all state-approved substance abuse programs by June 30, 1981.

Method

a) Develop a survey instrument

b) Survey each program

c) Consolidate and analyze data

GOAL VIII. IMPROVE THE AVAILABILITY OF ADOLESCENT ALTERNATIVES TO SUBSTANCE ABUSE. SUCH ALTERNATIVES INCLUDE EDUCATIONAL, RECREATIONAL AND VOCATIONAL ACTIVITIES.

Objective 1: Encourage and assist establishment of Channel I programs in at least two Montana cities by June 30, 1981.

Method

a) Use grant funds to match local funding for Channel I program start-up costs.

Resources

Table 40 lists the goals and objectives discussed in the previous section and provides an estimate of the resources required to accomplish each objective. The cost for each objective has been detailed in the following categories:

a) Man Hours - the number of hours required of the Prevention Coordinator to accomplish or supervise the accomplishment of each task.

b) Personnel Costs - costs in salary and fringe benefits for the Prevention Coordinator, prorated for each objective based on estimated man hours.

c) Direct Costs - dollars needed to directly fund the state objective, i.e., purchase of materials or services directly related to the objective.

d) Indirect Costs - dollars needed to support the overall activities of the Prevention Coordinator but not directly attributable to any one objective, i.e., rent, travel, supplies. These costs have been pro-rated for each objective based on estimated man hours.

e) Total Costs - the sum of personnel, direct and indirect costs.

Priorities

Table 40 also establishes a high (H) or moderate (M) priority for each objective. Low priority activities have been excluded from discussion since resources will not exist in FY 81 to address these activities. Those activities given a high priority are those judged essential to providing a minimal level of prevention activities in the state. Those activities given a moderate priority are, in most cases, dependent on additional resources or local commitments. The priority levels established for specific prevention program modalities reflect the results of the needs assessment process.

Feasibility

All objectives indicated on Table 40 are feasible given anticipated FY 81 funding. All objectives except III-2, expansion of support for local activities, can be accomplished at the FY 79 funding level. Objective VIII-1, establishment of Channel I programs, and Objective IV-2, determining the prevention needs of Native Americans, are dependent in part on additional technical assistance or support by local communities. If additional resources become available during FY 81, they will be used to expand the level of support for the existing objectives.

Evaluation

As previously indicated , evaluation of prevention activities in Montana is very limited. ADAD prevention grants are subject to a process evaluation in order to assure that the contract conditions have been met. Some outcome evaluation has been used at the local level, usually in the form of pre/post testing or client evaluation forms. No substantial impact evaluation has been developed. Development of a comprehensive evaluation plan is a high priority objective for FY 81.

FY 1981 GOALS AND OBJECTIVES
RESOURCE REQUIREMENTS

Table 40

Goal	Objective	Priority	Description	Man Hours	COSTS Personnel Dollars	Direct Dollars	Indirect Dollars	Total Dollars
I	1	H	Assist schools in implementing alcohol curricula	100	$ 1,032	$ 5,000	$ 500	$ 6,532
	2	H	Increase training for school personnel	300	3,097	1,500	1,500	6,097
II	1	H	See Goal I, Objective 1	--	--	--	--	--
	2	H	Provide effectiveness training for 100 parents	10	103	8,000	50	8,153
III	1	H	Continue current support of local activities	300	3,097	14,000	1,500	18,597
	2	M	Expand support of local activities	250	2,581	24,600	1,250	28,431
IV	1	H	Coordinate "Elder Ed" for 15 communities	50	516	1,500	250	2,266
	2	H	Expand prevention programs of Native Americans	200	2,065	2,000	1,000	5,065
	3	H	Assist Women's Task Force	20	206	0	100	306
V	1	M	Provide peer counseling training for 60 people	10	103	3,000	50	3,153
VI	1	H	Prepare an evaluation plan for community programs	300	3,097	0	1,500	4,597
VII	1	H	Revise prevention plan	200	2,065	0	1,000	3,065
	2	H	Avoid duplication of services	10	103	0	50	153
	3	M	Determine prevention programming status	250	2,581	0	1,250	3,831
				2,000	**$20,646**	**$59,600**	**$10,000**	**$90,246**

VII. TRAINING AND CERTIFICATION FUNCTIONAL PLAN

A. FY 80 Performance Report - Training and Certification

Objective 1 - To deliver training courses to a minimum of 150 persons utilizing ten core subjects by June 1980.

The following courses were offered during FY 80:

- Women's Issues in Treatment II
- Group Counseling
- Individual Counseling
- Reality Therapy Techniques for use with Substance Abusers

The Division discontinued training in December 1979; this decision was made due to poor attendance at training events. It was determined that the approach to training would have to be significantly modified if training was to continue and be successful. The Division contracted with a private consulting firm to conduct a training research study. The purpose of this project is to show, through scientific investigation, the need for and efficiency of structured counselor training. It is anticipated that results of this study will clearly show the positive effect of training on the delivery of treatment services. Two training sites, Great Falls and Havre, have been chosen for comparison (Great Falls will be the control group). Persons will be trained at both sites, but the training model and delivery methods will vary. Future training will be patterned after project results, if they prove to be as positive as expected.

This training research project will be completed in October 1980. With the project results, assuming they are positive, the Division will approach the 1981 legislature to seek financial support for training.

It is anticipated that an additional one hundred (100) treatment personnel will receive training at Eastern Montana College's Summer School on Alcohol and Drug Studies in June 1980.

Objective 2 - To contract for prevention/education training for community alcohol and drug program personnel.

Eastern Montana College sponsored a training seminar for teachers and alcohol treatment personnel on use and implementation of the Montana Teachers Guide for Alcohol Education which is designed for use in kindergarten through grade twelve.

Parent effectiveness training was provided for social service providers and treatment program personnel by the 19th Judicial District Probation Department (Lincoln County) with prevention monies from ADAD.

It was also planned that the Division's Training and Certification Section would deliver two prevention courses; however, these courses were cancelled due to lack of participants.

Objective 3 - To develop an integrated manpower development and training system.

In 1979 NIAAA made available funds for the development of a manpower project in Montana. The purpose of this project is to clearly identify and subsequently resolve manpower problems currently facing Montana's treatment providers.

A manpower consultant was hired during FY 80 to assist in determining what data should be collected for this project. It was determined that some of the information which is collected during on-site evaluations would be useful to the manpower project. This evaluation data is currently being analyzed. Data pertinent to manpower is also collected on the state's management information system; this information is also being analyzed for the project. The Training and Certification Section also completed a survey on staffing patterns of Montana's alcohol treatment programs, and a time use study was conducted using the Staff Hours by Activity Report which is submitted monthly to the Division by all state approved alcohol programs. Information which was collected this year is being analyzed and correlated for the purpose of identifying manpower problems. As problems are identified plans will eventually be developed to resolve manpower treatment issues. It is felt that an effective manpower development plan will upgrade existing programs and impact quality of care throughout the state.

Objective 4 - To begin implementation of a statewide counselor certification system.

The Alcohol and Drug Abuse Division has been working on certification standards for several years. This process has included internal Division staff, study committees of drug and alcohol counselors from throughout the state and consultants with specific expertise in this area.

During FY 79, the Division developed, with assistance from a statewide certification planning committee, proposed certification standards. The proposed standards consisted of training and education criteria; however, the Division did not have a legislative mandate to certify counselors until HB 844 was enacted in July 1979. It was planned that once the Division received its mandate to certify counselors the proposed standards could be implemented; however, after extensive analysis of the proposed standards during the early part of FY 80 it was concluded that the standards could not be implemented without extensive modification for the following reasons:

- they were academically oriented and did not take into account experience
- they would have eliminated many of the counselors working in the field
- they were too complex to be implemented in a reasonable time period
- they were not competency based.

Following this analysis of the proposed standards, work was again begun on their revision for the purpose of designing a system that would not exclude workers who had entered the counseling field from a personal experience perspective and who did not have extensive academic training but would still assure a level of competence in the field. A new certification proposal was completed this year and is now ready to be submitted for public hearings throughout the state. It is planned that public hearings will be held in July 1980. The new system is competency based

and will provide for basic certification and endorsement in four specific areas; these are:

1. Counseling - alcohol
2. Counseling - drugs
3. Prevention/Education
4. Management/Supervision

Scoring will be on a point system, of which 200 points from a possible 400 will be required. Points can be earned in the following categories:

- Work experience
- Academic coursework
- Training workshops
- Work sample
- Written examination
- Oral examination

Since the system is competency based, a minimum number of points are required in the last three categories although points can be earned from all categories.

Under the proposed schedule for implementation and credentialling all counselors must meet certification requirements by June 30, 1983. (The proposed certification standards are included in Appendix B).

B. FY 81 Proposed Activities - Training and Certification

Implementation of a counselor certification system was a priority in all five regional alcohol and drug plans for FY 80 and was adopted as a statewide priority by the Montana Advisory Council on Alcohol and Drug Dependency in 1979. As explained in the preceding performance report, draft certification standards have been developed and public hearings will be held throughout Montana in July 1980. (See Appendix B , Draft Certification Standards). After the hearings have been held, and necessary revisions made, the Division will contract with an outside consultant to develop the certification written and oral examinations.

As part of the certification process, applicants will be required to submit a work sample (tape) of actual counseling sessions or of a counseling role play where the client is dealing with either a drug or alcohol problem. Tapes will be rated by three judges. It is proposed that one judge will be a Division staff member with a counseling background, and two judges will be selected from the field. Judges will be appointed and trained by October, 1980. There will also be panelists who will serve as judges during oral examinations, as explained in the draft standards, these panelists will be selected and trained this year.

A counselor certification registry system was initiated by the Division in 1980. All applicants will be evaluated prior to July 1981 and temporary certificates of registry issued. The Montana legislature meets again in 1981 at which time the Division will request an appropriation to fully operate the certification system.

The training research project, which is currently being conducted in Great Falls and Havre, will be completed by November 1980. It is hoped that this study will show the positive results and continued need for training. If the study is successful all future training events sponsored by the Division will be patterned after this project. The Division will also use the study results to approach the 1981 legislature for an appropriation to continue Division training events for treatment personnel.

Training in FY 81 will be geared towards assisting treatment personnel in meeting certification requirements. Evaluation of all certification registry applications which have been received by the Division will be evaluated to determine common areas where training is needed. The number and type of training courses will be determined based on information obtained from the applications and a schedule of training events will be developed in September.

C. FY 81 Work Plan - Training and Certification

Objective 1 - To continue the phase-in of Montana's substance abuse certification system.

Method

a) Hold public hearings on the proposed certification standards in all five regions by July 31, 1980.

b) Revise standards, if necessary, based on public hearings by August 1980.

c) To contract for the development of the written certification examination by September 1980.

d) To design a training program for the judges and certification panel by October 1980.

e) To request funding from the 1981 legislature to fully operate the certification system by January 1981.

f) To develop alternate funding strategies for continuation of certification if request to the legislature is unsuccessful by March 1981.

g) Continue the implementation of the certification system including selection of a certification panel and issuance of temporary certificates by May 1981.

h) To assist community staff in identifying and obtaining appropriate training which can be applied toward certification requirements - Ongoing.

Objective 2 - Continue training research project in Region II for the purpose of determining training effectiveness.

a) Continue delivery of training courses to the control group in Great Falls and to research participants in Havre according to established research proposal timeline by October 1980.

b) Prepare summary report by November 1980 of training research study and, if successful, pattern future training events after this project - Ongoing.

c) Approach the 1981 legislature with results of training study, if successful, to request appropriation to continue training for alcohol and drug treatment personnel by January 1981.

Objective 3 - To provide training and educational opportunities for a minimum of one hundred participants based on certification requirements during FY 81.

a) Evaluate all certification applications to determine where the majority of treatment personnel need training by August 1980.

b) Determine the number and type of training courses that should be offered during FY 80 based on analysis of the certification applications and prepare a training schedule by September 1980.

c) Contract for delivery of training by October 1980.

VIII.TECHNICAL ASSISTANCE FUNCTIONAL PLAN

A. FY 80 Performance Report - Technical Assistance

Objective 1 - To provide technical assistance as required and needed to all alcohol and drug programs in Montana.

Thirty-seven (37) on-site technical assistance visits have been provided to alcohol programs since July 1, 1979:

- Twenty-one (21) on-site visits were made to existing alcohol programs based on deficiencies identified during on-site program evaluations
- Four (4) on-site visits were made to programs seeking initial State approval
- Twelve (12) on-site visits were made in response to special program requests

Technical assistance to all state operated drug clinics was provided twice per month. Additionally, thirty (30) on-site technical assistance visits were made to contract affiliate drug programs.

Objective 2 - To assist local alcohol and drug programs in obtaining third party payments pursuant to the newly enacted insurance legislation (SB 61).

The Division published a Third Party Reimbursement Procedure Manual which was designed to assist community programs in filing insurance claims for treatment of alcoholism and drug dependency. The manual also explains the minimum benefits that insurance carriers must offer as an option in their policies. Training about how to obtain third party payments and specific reimbursement procedures was provided to community programs by the Division in April 1980.

Objective 3 - To provide technical assistance to county commissioners and local government groups in development or implementation of county plans and assistance to counties in determining appropriate and effective services.

The Technical Assistance Section staff coordinated with the Planning Section in responding to technical assistance requests about county plans. On-site visits were made to eight counties to assist in preparation of their county plans.

Objective 4 - To monitor effectiveness of Uniform Client Record keeping System and initiate corrective action as needed.

Technical assistance section staff participated in several on-site comprehensive program evaluations for the purpose of determining effectiveness of the client record keeping system. Based on deficiencies noted during on-site reviews, technical assistance on the record keeping system focused on how to write more

specific treatment plans and the relationship of progress notes to treatment plans.

B. FY 81 Proposed Activities

Technical assistance to community programs will be provided according to the following criteria:

1. Existing State-Approved Alcohol Programs

ADAD will not schedule technical assistance visits to approved alcohol programs prior to a comprehensive on-site evaluation. Programs in which deficiencies have been noted, as a result of evaluations, will be contacted and scheduled for technical assistance to help resolve weaknesses. If an approved program feels assistance is required prior to an evaluation it will be provided in any area of specific need upon written request.

2. Programs Seeking Initial State Approval

Due to the legislature's intent to limit the number of new alcohol programs, technical assistance will be offered primarily to single county programs that are proposing to become part of a multi-county or district program. Technical assistance will be available to programs that have lost their approval status or new programs that have clearly established that there is no duplication of existing services and that proposed services are in accord with an approved county plan.

3. Drug Programs and Clinics

Technical assistance to all state clinics, all statewide service contractors and the correctional institution's Chemical Dependency Programs will be coordinated by the Montana Drug Program Supervisor. The Director of Treatment and Rehabilitation, who reports to the Drug Supervisor, will assume primary responsibility for providing technical assistance to the state operated programs and clinics at least twice per month. The Montana Drug Supervisor will provide technical assistance to statewide service contractors on a bi-monthly basis. Chemical dependency programs at Swan River Youth Forest Camp and Pine Hills will be given technical assistance upon written request and visited at a minimum of once every six months.

Additional technical assistance to all drug programs will be provided upon written request or as determined to be appropriate by the Alcohol and Drug Abuse Division.

A function of the technical assistance section will be to monitor the effectiveness of the uniform client record keeping system. A sampling of client files in various programs throughout the state will be used to monitor the system. Based on deficiencies noted during on-site reviews conducted in FY 80, the technical assistance section will continue to stress effective record keeping procedures particularly the importance of realistic treatment planning and appropriate documentation, relating to the treatment plan, in progress notes. Technical assistance regarding the record keeping system will be scheduled to correct any record keeping problems discovered during on-site reviews.

In order to facilitate the effective delivery of technical assistance, a documentation system for scheduling and recording assistance delivered to providers will be designed and implemented at the beginning of this fiscal year. Because several sections of the Division are involved in pinpointing areas of needed assistance it is important that there is a workable system of coordination between the Technical Assistance staff and other sections. To ensure optimum coordination with the Evaluation Section the following procedures will be initiated:

- Copies of comprehensive on-site evaluations will be given to the Technical Assistance Section within one-week of any comprehensive program review.

- If deficiencies are noted within the evaluation report, a letter offering technical assistance will be sent to the provider with a copy to the Evaluation Section.

- When technical assistance is given based on evaluation deficiencies, a technical assistance report will be prepared and a copy given to the evaluation section within one week of the technical assistance site visit.

Another area of importance is the coordination between the Management Information Section and Technical Assistance Section. Because of the extensive travel and cost involved in visiting alcchol and drug programs throughout the state it is viewed as cost effective and more efficient for the technical assistance person to be able to respond to several areas where programs may need assistance.

One of the areas in which programs frequently ask for help is in regard to reporting procedures and the computerized data collection system. Although training of these systems is seen as the primary responsibility of Management Information Systems (MIS) staff it is important that the technical assistance person can also respond to questions about data collection especially as to how the data collection and record keeping systems interface.

So that there is effective coordination between the Management Information Systems Section and Technical Assistance Section the following procedures will be initiated:

- A monthly log will be kept by MIS staff noting programs with reporting deficiencies and given to the Technical Assistance section at the end of each month.

- Technical assistance will be offered in coordination with the MIS Section to programs consistently reporting inadequately (two consecutive months).

- Any on-site technical assistance visit made to a program where data collection deficiencies have been noted will also receive assistance about data reporting procedures.

A major focus of technical assistance delivered in FY 81 will be in the area of quality assurance. It has been pointed out by outside consultants who have evaluated the Alcohol and Drug Abuse Division that Montana alcohol and drug programs have mastered, for the most part, the basic documentation procedures

required during on-site reviews. It was their recommendation that monitoring and technical assistance visits should begin to stress quality assurance. Also, it is planned that the Technical Assistance Section Manager will attend an in-depth training program for the purpose of gaining knowledge of new trends in chemical dependency treatment and rehabilitation.

C. FY 81 Work Plan - Technical Assistance

Objective 1 - To provide technical assistance as required and needed to all alcohol and drug programs in Montana.

Method

a) To provide on-site technical assistance to 39 existing alcohol programs and 9 drug programs and clinics based on the results of on-site program reviews and focused on identified deficiencies. - Ongoing.

b) To provide technical assistance to programs seeking approved status including single county programs forming multi-county districts, programs that have lost approval status, and new programs that have documented that no duplication of services exist - ongoing, contingent upon request.

c) To provide technical assistance in special areas; including: treatment planning, client record keeping, data collection, development of program goals and objectives, planning for and obtaining third party payments - Ongoing, upon request.

Objective 2 - To monitor the effectiveness of the uniform client record keeping system and initiate corrective action as needed.

a) To continue to monitor client files on-site in a broad sampling of community programs by December 1980.

b) To coordinate with the Evaluation Section in determining effectiveness of the record keeping system based on results of on-site program reviews - Ongoing.

c) To schedule technical assistance and training to correct record keeping problems as determined by sampling/monitoring procedure and as deficiencies are identified during on-site program reviews.

Objective 3 - To design and implement a comprehensive system for scheduling technical assistance, documenting assistance provided and integrating scheduling with results of on-site reviews and deficiencies noted by the management information section in data submitted by providers.

a) To develop a system for documenting specific requests and technical assistance given to service providers by July 1980.

b) To coordinate with the Evaluation Section by receiving copies of all evaluations so that deficiencies can be pinpointed and offer technical assistance in writing to all programs where deficiencies are noted - Ongoing within one week of each site evaluation.

c) To coordinate with the Management Information Section by noting on a monthly basis community programs deficient in data reporting and offer technical assistance as necessary - Ongoing.

d) To develop a form for documenting all technical assistance provided to community programs and ensuring that appropriate sections within the Division (Evaluation, Management Information) obtain copies of technical assistance report to facilitate coordination - Ongoing within one week of any technical assistance site visit.

Objective 4 - To upgrade technical assistance delivered statewide by attending a comprehensive training program regarding chemical dependency treatment and rehabilitation and stress quality assurance to all service providers during on-site technical assistance visits.

Method

a) To review current alcohol and drug literature - Ongoing.

b) Technical Assistance Section Manager to attend 2 to 3 week training session at Johnson Institute or other appropriate program by January 1981.

c) Participate on at least three on-site evaluations for the purpose of understanding evaluation guidelines particularly in the area of quality assurance by December 1980.

d) Structure technical assistance to respond to new evaluation guidelines by January 1980.

IX. CRIMINAL JUSTICE FUNCTIONAL PLAN

A. FY 80 Performance Report - Criminal Justice

Objective 1 - To pay for detoxification services when other sources of funds are not available - Ongoing.

A pot of $22,473 from Montana's fourth year Incentive Grant allowed the Division to pay detoxification costs for program clients under the following conditions:

1) The patient receives another element of care in addition to detoxification, i.e., outpatient, residential.

2) The patient is a client of a state-approved alcohol program with an individualized treatment plan.

3) Documentation is submitted that other sources of payment - individual, insurance, county medical, vocational rehabilitation, have been applied for and are not available.

4) Costs may be applied for actual detoxification and not ancillary related medical costs, i.e., broken bones, T.B., etc.

5) Claims can be made for two detoxification treatments per individual during the fiscal year.

6) Payment for detoxification services are made to the state approved program and they pay the vendor for services provided.

As of May 1980, all of the detoxification funds have been expended in accord with the above criteria.

Objective 2 - To fund a minimum of seven mini-grants for law enforcement training in Montana's larger cities.

Mini-grants were awarded as follows:

1) $2,646 to the Billings Police Department to develop and sponsor crisis intervention training for 150 law enforcement personnel.

2) $900 to the Montana Law Enforcement Academy to develop and present a workshop on implementation of the Uniform Alcoholism and Intoxication Act for 30-40 people.

3) $1,571 to the 19th Judicial District Probation Department for training 4-6 parenting skills trainers in Lincoln County.

4) $4,504 to Eastern Montana College to partially support the summer workshop in Alcohol and Drug Studies. Included in the summer school will be a course entitled "Peace Officers Service Training."

5) $662 to the Flathead Reservation Alcohol Program to train local law enforcement officers in implementation of the Uniform Alcoholism and Intoxication Act.

Although it was planned that seven grants be awarded, the response to the Division's request-for-proposals for law enforcement training was minimal and it was determined that only five requests met the funding review criteria.

All projects will be fully evaluated by the Division and a summary report prepared by September 1980.

Objective 3 - Continue maintenance of the statewide DWI court school systems in cooperation with the Highway Patrol Bureau, Department of Justice; and the Highway Safety Division, Department of Community Affairs.

The Montana Court School System network consists of 35 instructors throughout the state. All schools are run as a component of existing state approved alcoholism programs. Court school instructors work in cooperation with the Highway Patrol and local courts to screen and educate persons convicted of driving while intoxicated. Alcohol programs reported that 1,239 persons were admitted to court school educational programs in 1979. Individuals participating in court school programs attend two individual counseling sessions and five educational sessions on alcoholism and the affects of drinking on the ability to drive.

ADAD staff continue to provide direction and technical assistance to court school programs. Technical assistance delivered during FY 80 included:

- fee collection policies
- referral and screening procedures
- training of new instructors

Also during the past year DWI referral forms, which originate from the courts, were revised in cooperation with the Highway Patrol Bureau, Highway Safety Division, Montana Supreme Court and Alcohol and Drug Abuse Division. The forms were revised to eliminate unnecessary and duplicative paperwork and to simplify the referral process between the courts and court school programs.

ADAD staff were invited to attend a seminar for lower court judges in November 1979 to deliver an educational presentation on alcoholism and the role of the judge in the DWI screening and referral process.

The Division has continued to maintain a good working relationship with the Highway Traffic Safety Division and the Highway Patrol Bureau.

B. FY 81 Proposed Activities - Criminal Justice

During FY 81 an active role will be taken to improve services provided by court schools. Court schools, to be effective, must establish a good working relationship with the criminal justice system.

Court school curriculum is presently being expanded and updated by ADAD with consultation from other agencies. The revised curriculum is intended to further standardize court school presentations and teaching methods throughout the state. Training of court school instructors will include techniques of community organization, keys to leading effective group discussions, current research data on ethyl alcohol and its affects on driving, methods for determining school effectiveness and a variety of diagnostic tools which can be used to distinguish the occasional alcohol abuser from the alcoholic. This training module will also be designed so that it can also be used for training law enforcement personnel. Five regional representatives will be trained to assist ADAD in providing training to instructors throughout the state. Regional seminars will be held throughout the state to disseminate the new curriculum and for enhancing court school instructors' teaching skills.

Plans have been made to provide a means of evaluating effectiveness of the court schools and referral system. Available data will be analyzed to determine the percentage of DWI offenders who are actually convicted, the percentage of those convicted that are admitted to court school programs and the percentage of court school clients who enter an alcohol treatment program.

As a result of the state annual Executive Planning Process, a study is currently being conducted by ADAD to determine the feasibility of establishing an inmate residential substance abuse program at Montana State Prison. In a study undertaken by the Department of Institutions, Corrections Division, it was determined that abuse of alcohol and drugs is the major contributing factor to a person ending up in prison. It was found that nearly 88 percent of state prisoners had an alcohol or drug problem prior to incarceration. While substance abuse is identified as a major problem faced by approximately 590 inmates the state prison, at this time, has only one counselor to meet that need.

Based upon the study being conducted by ADAD, a recommendation will be made to the Director, Department of Institutions prior to the FY 81 legislative session. This recommendation will address the feasibility and cost of establishing a residential inmate program for prisoners.

C. FY 81 Work Plan - Criminal Justice

Objective 1 - Continue maintenance and upgrading of the DWI Court School System in cooperation with the Highway Patrol Bureau, Department of Justice and Highway Safety Division, Department of Community Affairs.

Method

a) Finalize revision of court school curriculum by October 1981.

b) Train five regional representatives to assist in the instruction of new curriculum and training of court school instructors by January 1981.

c) Provide training and disseminate revised court school curriculum to all instructors at regional training sessions by February 1981.

d) Provide technical assistance to court school instructors throughout the state - Ongoing.

Objective 2 - Determine effectiveness of court schools using computerized alcohol information syytem data, highway patrol and court referral information.

a) Determine the number of DWI offenders who are convicted by using 1979 as the base year by February 1981.

b) Determine percentage of persons convicted for DWI that are admitted to court school programs by March 1981.

c) Determine number (%) of court school clients who enter an alcohol treatment program by April 1981.

d) Prepare a report, based on information collected, analyzing impact and effectiveness of court school programs by May 1981.

Objective 3 - To conduct a study for determining feasibility of establishing a residential substance abuse program in Montana State Prison.

a) Survey other states to determine how many have chemical dependency programs in prisons and their success by August 1981.

b) Determine feasibility and cost of a residential prison program for Montana by September 1981.

c) Prepare a final feasibility report with cost information and recommendations regarding appropriate treatment modality by October 1981.

4.1 ALCOHOL AND DRUG ABUSE DIVISION
Proposed Planning Budget
FY81

Earmarked Alcohol Tax Revenue	$ 81,880
Drug Prevention Grant (NIDA)	29,345
Drug Formula Grant (NIDA)	95,158
Alcohol Formula Grant (NIAAA)	174,091
Alcohol Incentive Grant (NIAAA)	24,925
STSP (NIDA)	25,000
Alcohol Manpower (NIAAA)	30,000
SSI - DA&A Referral Contract	18,612
	479,011

Corrections Chemical Dependency Project

LEAA/MBCC Grant	7,828
Earmarked Alcohol Tax Revenue	59,323
	67,151

Montana Drug Program (Treatment)

State General Fund	185,419
Statewide Services Grant (NIDA)	385,350
	570,769

Community Programs

State General Fund	38,199
Earmarked Alcohol Tax Revenue	468,618
Drug Formula Grant - Mini-Grants	28,000
Alcohol Formula Grant	5,909
Alcohol Incentive Grant	221,510
	762,510

TOTAL ADAD/PLANNING BUDGET	$1,879,441

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

STATE HEALTH PLAN OR APPLICATION BUDGET

STATE: Montana
FISCAL YEAR: 1981
AGENCY: Department of Institutions
[XX] INITIAL
[ ] REVISION NO. _____

FUND SOURCE	TITLE V–SOC. SECURITY ACT				PHS ACT			LEGISLATIVE AUTH. (See Instructions)				
	SEC. 503 MCH	SEC. 504 CC	SEC. 516 MCH	SEC. 1615 SSI	SEC. 314(d) PUBLIC HEALTH	SEC. 314(d) HYPERTENSION	SEC. 314(d) MENTAL HEALTH	SEC. 303(a) ALCOHOL	SEC. 409 DRUG	SEC. 237 FACILITIES	SEC. 1603 FACILITIES	
	A	B	C	D	E	F	G	H	I	J	K	L
1. STATE PUBLIC								1,896,453*				
2. LOCAL PUBLIC								1,336,379**				
3. PRIVATE NON-PROFIT												
4. SUB-TOTALS								3,232,832				
5. FEDERAL — FINANCIAL ASSISTANCE — FUND A												
FEDERAL — FINANCIAL ASSISTANCE — FUND B								396,199***				
FEDERAL — DIRECT ASSISTANCE												
6. PREVIOUS FISCAL YEAR (s) CARRYOVER — A.	A.	A.										
PREVIOUS FISCAL YEAR (s) CARRYOVER — B.	B.	B.										
7. TOTALS								3,629,031				
8. NON FEDERAL SHARE REQUIREMENTS												
9. MAINTENANCE OF EFFORT								382,661				
10. AMOUNT OF MATCHING PROPOSED BY STATE												
11. DIRECT COMMUNITY SERVICES												
12. TOTAL HEALTH FUNDS BUDGETED								3,629,031				

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FUNDS BUDGETED TO OTHER AGENCIES

PURPOSE	STATE PUBLIC AGENCIES	LOCAL PUBLIC AGENCIES	NON-PROFIT
13. PUBLIC HEALTH			
14. MENTAL HEALTH			

REMARKS

*State funds appropriated to ADAD and Galen for SFY '81.
**Based on estimate of funds available to counties as authorized by HB 844.
***Includes Formula grant, Incentive grant, and Manpower grant.

PROGRAM DIRECTOR (Name and Title)
Michael A. Murray, Administrator, Alcohol and Drug Abuse Division

AGENCY HEAD (Signature) — DATE 7/8/80
Lawrence M. Zanto
TITLE
Director, Department of Institutions

OFFICE OF GOVERNOR — DATE 7/23/80
TITLE
BUDGET DIRECTOR

PHS-5153-2
(REV. 2-78)

FORM I

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Form Approved
O.M.B. No. 80-R1180

STATE APPROPRIATIONS AND FINANCIAL SUMMARY

(Completion of this form is mandatory)

ITEM 1.

ANNUAL PERFORMANCE REPORT
EXPENDITURE SUMMARY FOR YEAR COMPLETED SFY80
ESTIMATED

STATE REVENUE FUNDS	$ 289,667
FEDERAL FUNDS: ALL SOURCES	$ 592,033

ITEM 2.

ANNUAL UPDATE OF STATE PLAN
EXPENDITURE SUMMARY FOR PROGRAM YEAR SFY81

STATE REVENUE FUNDS	$ 357,892
FEDERAL FUNDS: ALL SOURCES	$ 569,581

ITEM 3.

STATE APPROPRIATION REPORT
FOR PROGRAM YEAR _____

NAME OF CONTRIBUTING AGENCY *(Enter name of each Dept. in blank space)*	SINGLE STATE AUTHORITY	Lighthouse Drug Abuse Treatment Program	Southwestern Montana Drug Program			
TOTAL FUNDS ALLOCATED FOR DRUG ABUSE		$172,473	$185,419			

TOTAL STATE DRUG ABUSE APPROPRIATION: $ 357,892

STATE MONTANA

ADM 540-1
1-78

DEPARTMENT OF INSTITUTIONS

THOMAS L. JUDGE, GOVERNOR

1539 ELEVENTH AVENUE

STATE OF MONTANA

(406) 449-3930

HELENA, MONTANA 59601

July 17, 1980

4.4 - LEGISLATIVE APPROPRIATION

I certify that through the laws of the State of Montana the Department of Institutions has allocated the following sums for drug abuse treatment in fiscal 1981:

Montana Drug Program (SWSG)	$185,419
Lighthouse Drug Program	172,473
TOTAL	$357,892

James L. Haubein, Administrator
Management Services Division

CONTRACT PROCESS

The Division has developed and will utilize a standardized system for reviewing proposals and awarding contracts. A Bidder's Conference will be conducted each year to inform programs of the following system and review criteria.

Phase I - Planning and Application Solicitation (12 weeks)

A. It is the responsibility of the Alcohol and Drug Abuse Division (ADAD) Administrator to conduct planning activities and ensure adequate justification and need for contract proposals. Planning activities include:

- o Determining number and types of services needed based on County Plans and ADAD planning process.
- o Determine whether contract proposals are the proper mechanism or means for funding services required.

B. Identification of funds available must be made by the Department of Institutions Management Services Division.

C. The Community and Program Development Bureau (C &PDB) has the responsibility of developing proposals and applications. The process can only be initiated after steps A & B have been completed. Proposals must include:

- o Project narrative and program budget or costing information.

D. It is the responsibility of the ADAD Administrator to announce and advertise proposals, submit proposals to prospective contractors and receive and log in proposals once they have been completed.

Phase II - Application or Proposal Review (4 weeks)

After proposals or applications have been completed by the prospective contractors and submitted to the ADAD they are scheduled for the review process.

A. Proposals are scheduled to be reviewed by a Review Committee. Review Committee includes a panel of three people made up from two ADAD staff members and one independent person from outside the ADAD.

ADAD Review Criteria:

1. Compliance to application and proposal criteria and guidelines.
2. Compliance with established review criteria which includes:
   (a) Budget Review (as explained at Bidder's Conference)
   (b) Technical Review (as explained at Bidder's Conference)
   (c) Program Review (as explained at Bidder's Conference)

B. It is the responsibility of the ADAD Administrator to ensure that the Review Committee has all information needed to conduct the review. Any additional information needed by the review committee is routed through the ADAD Administrator.

C. After the review committee has received the proposals or applications, committee recommendations are forwarded to the State Alcohol and Drug Advisory Council Task Force consisting of 3-5 members, for review and comments.

Again, it is the responsibility of the ADAD Administrator to ensure that the Advisory Council Task Force has all required information to complete their review.

D. Advisory Council Task Force then reports and makes recommendations to the full Advisory Council. Program representative may be present to offer additional information, and verbal justification for application.

E. The ADAD Administrator reviews all recommendations to this point and makes further recommendations.

F. The Director of the Department of Institutions reviews all recommendations and makes final funding recommendations. ADAD develops final terms of agreement and negotiates contracts with contractors.

Phase III - Negotiation and Award (4 weeks)

After all reviews have been completed and signed off with recommendations, the proposals enter the negotiation and award phase.

A. The Department of Institutions Management Services Division again reviews final budget and costing information of contract to ensure adequate funds are available for contract award.

B. The C & PDB then develops the final contract.

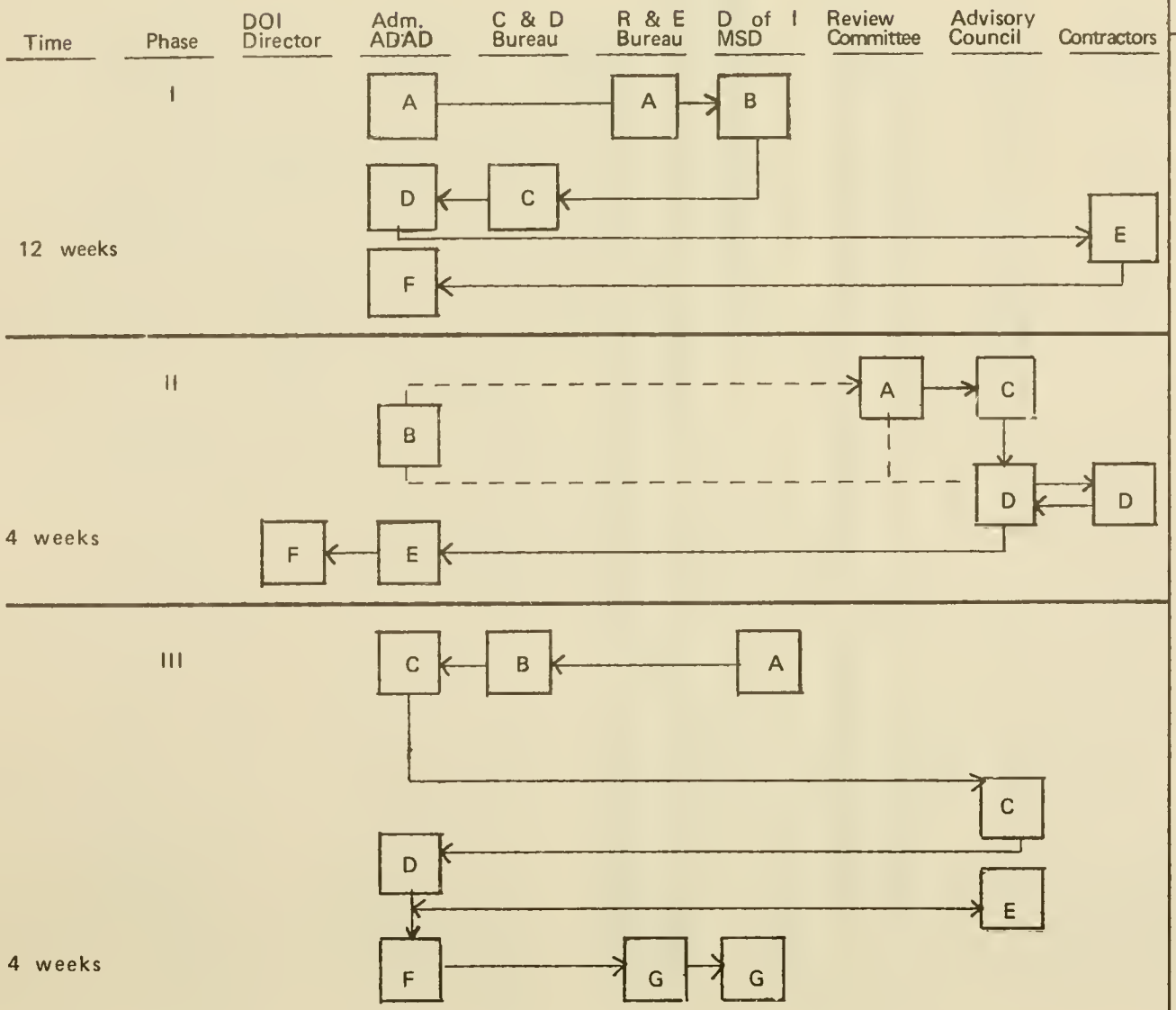
C. The contracts are then reviewed by the ADAD Administrator, Management Services Division, Department of Institutions Attorney and the Director of the Department of Institutions. After all of the above have approved the contracts the ADAD Administrator ensures that they are mailed and distributed to contractors for signatures.

D. After contracts have been reviewed and signed by the contractor, they are mailed back to the ADAD Administrator.

E. Signed copies of contracts are then mailed to the contractors.

F. The ADAD Administrator then develops a contract file on each contract issued.

G. It is the responsibility of the R & E Bureau to monitor programmatic compliance of each contract and the Department of Institutions Management Services Division to monitor financial compliance of each contract.



Alcohol & Drug Abuse Division
Contract Process

Phase I - Planning & Application Solicitation
- A. Planning & justification of contract
- B. Funds available and identified
- C. Priorities & Objectives of award developed; development of application or proposal
- D. Announce awards & identify participants (Bidders Conference)
- E. Mail applications or proposals to applicants
- F. Receive contract proposals or applications

Phase II - Application or Proposal Review
- A. Review by committee
- B. ADAD ADM insures additional info
- C. Advisory Council Task Force Review
- D. Advisory Council Review with contractor presentation.
- E. ADAD ADM Review
- F. DOI Director Review

Phase III - Negotiation and Award
- A. MSD reviews to insure adequate funds
- B. C&PDB develops contracts
- C. Contracts approved by ADAD Adm, MSD, D of I Attorney and D of I Director, and mailed to contractors for signatures.
- D. Contracts signed by contractor and mailed back to ADAD.
- E. Signed contracts are mailed back to contractors
- F. ADAD ADM develops contract file
- G. Monitor contracts

STATE OF MONTANA
CERTIFICATION SYSTEM
ALCOHOL AND DRUG ABUSE PERSONNEL

ALCOHOL AND DRUG ABUSE DIVISION
DEPARTMENT OF INSTITUTIONS

(Discussion Dr. ft)

Introduction

For the past three years the Alcohol and Drug Abuse Division (ADAD) of the Montana Department of Institutions has been studying the issue of certification of drug and alcohol personnel (hereafter abbreviated "DAP") and in the process evolving a system for certification. This process has involved internal ADAD staff, a study committee of drug and alcohol counselors from across the State, and consultants with specific expertise in this area.

To many this may seem an unduly long and involved process. However, the drug and alcohol field is unique as a professional field. There is no generally agreed process of preparation for this profession. Practitioners enter the field via diverse routes. The "traditional" way to enter a counseling field is with academic training in psychology and counseling. Some DAP enter by this route, but more commonly persons enter the alcohol and drug field from a personal experience base; having personally conquered an addiction problem - drawing upon their personal experience for expertise and as a credential. Both of these routes partially prepare persons for effective professional functioning. To bring personnel up to full professional function there is extensive (though often not organized or systematic) on-the-job-training by local programs, and a heavy emphasis from the State and Federal level on structured workshop in-service training. A few DAP in Montana are "graduates" of non-academic extensive training programs (e.g. Hazelden Foundation). These persons are well-prepared but rare, and have the disadvantage of coming from without the Montana community. Yet there is no standard accepted framework for pulling these diverse preparation routes together, assigning credit for them, testing skills, and ultimately tying these together in a certification system.

We now see an apparently simple task of certification to be a mine field of preparatory (and resulting philosophical) differences. Some persons are literally ready to go to war, believing that their preparation is "the only true way" and that others should not be in the alcohol and drug field at all. To such partisans a good certification system is one which includes their particular professional and geographic background and excludes others. Each group does have valid points. Sorting the valid from the prejudicial and blending them into a system which will cover all groups, be a "free ride" for no-one who is not truly prepared, and give maximum assurance of competence of certified DAP has been far from a simple task. (Indeed, it can be argued that the final emergence of a system which "covers all the bases" is a landmark achievement.

Boundary Conditions

Exploring the conditions discussed in the Introduction along with other system needs the following boundary conditions emerge as necessary for the Montana DAP Certification System:

1. The system must be one which can gain acceptance from (though need not and and can not be one easy to fully embrace) the range of persons currently functioning as DAP in the State.

2. The system must, in some way, take account of academic preparation, work experience, and structured workshop training.

3. The system must "test" in some way whether relevant knowledge and skills have been acquired - not merely document the exposures gained in classrooms, through workshops, and on-the-job.

4. The system must take account of diverse needs/tasks within the DAP field.

5. While such a diverse element system cannot be simple, it must be designed to maximize operational clarity and to minimize administrative cost.

6. The system must be coherent enough and stringent enough to gain respect and support from other professionals (e.g. medical doctors, psychologists, and other health care professionals) and to withstand court challenges as may occur.

7. The system should be managed by ADAD, but field DAP and other "outside experts" should be involved in execution.

8. The system must itself be periodically reviewed.

9. Events which will give opportunities to meet requirements of the system must be made available (though not necessarily provided directly) by ADAD apart from the certification system per se.

10. An application fee should be charged to support necessary administrative costs.

Given these ten elements, Montana will have not only an effective, but perhaps a model DAP certification system.

SYSTEM OVERVIEW

Certification is a two tier structure based upon a point system. Tier one is a general chemical dependency certification with points given for work experience, college coursework, structured workshop training, performance on a written examination, and performance ratings on a taped work sample. Tier two provides endorsements in the four fields of: 1) Alcoholism Counseling; 2) Drug Counseling, 3) Education/Prevention, and 4) Management and Supervision. Endorsements are acquired by points assigned based on a combination of background and oral examination.

Table 1. System Overview

Tiers	Based On:
Basic Certificate	1. Work experience plus 2. Academic coursework plus 3. Structured workshop plus 4. Written examination plus 5. Performance on work sample
Endorsements	1. Oral examination, one for each endorsement 2. Background in endorsement area

Point System

To become certified, DAP must accumulate two hundred (200) points in accord with system rules for accumulation of points. The following sections outline the areas covered, rules for gaining points, and maximum and minimum point requirements for areas. Subsequent sections address the implementation process and forms needed.

Work Experience

Five (5) points are awarded for every documentable year of full time "equivalent" (FTE) work experience completed as a counselor, educator, supervisor, or administrator working in an Approved Program*. A maximum of 65 points can be earned from such documented work experience. One (1) point will be given for each FTE of work in a State Approved program in any other job title (e.g. secretary, aide) except custodial titles, to a maximum of five (5) points. One (1) point will be given for every documentable year of service as an active volunteer assisting a State Approved Program, "Twelve-step" work with Alcoholics Anonymous, or outreach programs targeted to drug or alcohol programs sponsored by a charitable, religious, or medical group. One (1) point will be given for each year of service on the Governing Board of a State Approved Program. Up to ten (10) points can be earned from such volunteer plus Board work. No more than sixty-five (65) points can be counted toward the basic certificate from all types of experience combined.

Work experience claims cannot be duplicated (the same experience claimed in two places). Neither can one claim volunteer points for any period in which he/she was employed full-time by a drug or alcohol program (can claim either work OR volunteer points for a given period but not both).

There is no minimum point requirement in this area.

* See Definitions Section for elaboration of what constitutes an approved program.

Table 2. Work Experience Summary

Criteria*	Point Formula	Maximum
Employment in professional position	5 per FTE year	65*
Employment in non-custodial, non-professional position	1 per FTE year	5
Active volunteer work Governing Board Service	1 per year) 1 per year)	10
Combined maximum experience points allowed		65
Required minimum		-0-

*For registry, data only needs to be reported. For certification it must be documented.

Academic Work

One (1) point will be given for each documentable academic quarter hour of credit earned for coursework, subject only to the limit of sixty-five (65) points for academic coursework on the general certificate in the areas of: psychology, social work, sociology, counseling, and specific drug/alcohol coursework. One (1) point will be given for each documentable academic quarter hour of credit, but not to exceed a total of six (6) points for each area, or fifteen (15) for all areas, in the areas of: pharmacy, biology, anthropology, educational methods, and business administration (including economics and accounting).

Table 3. Coursework Summary

Criteria	Point Formula	Maximum
College course work in approved fields - documented Psychology Social Work Counseling Sociology Specific Drug/Alcohol Courses	1 per academic quarter hour without area limits	65

Table 3. Coursework Summary (Con't)

Criteria	Point Formula	Maximum
Pharmacy/Pharmacology/ Chemistry Philosophy Biology Anthropology Educational Methods Business	1 per academic quarter hour with 6 hour per area limit	15
Combined Maximum for academic study		65
Required Minimum		-0-

Structured Workshop Training

One (1) point will be granted for each day of approved structured workshop training. To qualify for credit, such workshops must be at least one day (six hours minimum), the workshop must be approved as appropriate for DAP by the ADAD Training and Certification Section. ADAD currently approves essentially all: 1) NIAAA/NCAE Titles and Trainers; 2) NIDA Titles and Trainers; and 3) CEDS Trainers, (and most CEDS Titles). Other workshops and trainers will be considered on a case-by-case basis.

Training must be documented by supplying an original (or a certified copy of a) certificate of completion signed by the trainer and/or an official of the training organization. All workshop training completed after implementation of certification must be approved in advance by the ADAD Training and Certification Section to gain certification points.

Local in-service training qualifies for points only when it is: 1) structured training one or more days in length; 2) offered in a continuous block; 3) is an approvable topic; 4) is offered by an approved trainer. Other types of in-service offerings are credited as part of the work experience points earned. (If an in-service offering is granted credit by an academic institution the quarter hours may be counted under the academic study category when it otherwise meets requirements for such points.)

Up to forty (40) points may be granted for any approved workshop training. An additional sixty (60) points can be earned for taking workshops from a "preferred" list established by ADAD as part of the certification system.

Table 4. Structured Workshop Summary

Criteria	Point Formula	Maximum
Any structured workshop with title, description, outcome objectives, and training on the ADAD approved list.	1 for each calendar day of training	40
Any structured workshop on the ADAD preferred list.	1 for each calendar day of training	60
Required Minimum		-0-

Written Examination

Each year a written examination will be offered by ADAD. Fifty (50) points are available on this exam. To be certified a minimum of 35 points must be earned. Each applicant may attempt this exam three times to either meet the minimum or to increase overall point total. However, the exam score of record is the most recent score. Should someone fail three times in a row to meet the minimum of 35 points, they must wait at least two years at which time one final attempt may be made.

Examination questions cover counseling in general, community resource use, pharmacology, first aid, and general drug and alcohol treatment knowledge.

Table 5. Written Examination Summary

Criteria	Point Formula	Maximum
Score on written exam	$\frac{\text{Earned Score}}{\text{Possible Score}} \times 50$	50
Required Minimum		35

Work Sample

Up to fifty (50) points are granted for performance on a work sample. The work-sample will consist of two tapes of real (preferred) or simulated counseling sessions. These will be reviewed and rated for performance by a panel of three experienced professionals on various dimensions of counseling process. Thirty-five (35) points are required on the work sample. (Tapes are rated separately by each judge and points averaged across tapes and judges.) Of the 50 points, 45 come from the tape rating with 5 added if it is an actual session with a drug, alcohol, or impacted family member client. Since applicants may select the tape

they submit, they will be able to submit what they see as their "best" work. (This is more advantageous than a set-up with a requirement to perform in a certain way on a certain day.)

Table 6. Work Sample Summary

Criteria	Point Formula	Maximum
Taped Session Quality	$\frac{\text{Score Earned}}{\text{Possible Score}} \times 45$	45
Actual Client Taped	5 or 0	5
Required Minimum		35

Endorsement Areas

Endorsement area points derive from two sources. An oral examination can earn up to forty (40) points. A further ten (10) points are available from any combination of: 1) Work experience (5 points per FTE year in the area); 2) Structured workshop training drawn from the "preferred list" in the topic area (1 point per training day) or; 3) Five points also derive from an advanced counseling area degree (counting toward DAP certification in the drug or alcohol counseling area) or any business, accounting, or economics bachelors or advanced degree (toward the management and supervision area). Similarly a teaching certificate earns 5 points (within the 10) toward an education endorsement. (Note that only degree, certificates, and preferred workshops may be used in the endorsement area.)

Anyone in registry categories A or B is eligible to take the endorsement area examination.

Up to 50 endorsement area points may be counted toward the basic certificate.

Table 7. Endorsement Areas

Area	Criteria	Formula	Allowed Maximum	Required Minimum
Alcoholism Counseling	Oral Examination	Score x 40 / Possible Score	40	
	Work Experience Designated Degree	5 points per FTE yr.		35
		5 points	10	
	Area workshop from preferred list	1 point per day		

Table 7. Endorsement Areas (Con't)

Drug Counseling	Same as alcohol	_____	_____	_____	_____	_____	_____
Education Prevention	Same as alcohol	_____	_____	_____	_____	_____	_____
			(except a teaching certificate earns 5 points)				
Management & Supervision	Same as alcohol	_____	_____	_____	_____	_____	_____
			(except an undergraduate degree in business also earns 5 points)				

Minimum Points to be endorsed in each area	35
Maximum Endorsement Points toward initial certification	50

Notice that someone without training, education or work experience would need to score 88% on the oral exam to be certified; whereas those with such point earners can pass with as little as 63% on the exam. This is because if the exam is the only indicator, we need to be more certain of exam indications than if there are other competence indicators.

Basic certification thus requires earning a minimum of 200 points from a rather unlimited pool of sources. Of these 200 points, 35 must come from the written examination, 35 from an endorsement area, and 35 from performance ratings. (See Table 7.)

Table 8. Overall Points Summary

	Available	Maximum Can Count	Minimum Required
Work Experience	Unlimited	65	-0-
College Course Work	Unlimited	65	-0-
Structured Workshops - General	Unlimited	40	-0-
Structured Workshops - Preferred	75	60	-0-
Written Examination	50	50	35
Work Performance Sample	50	50	35
Endorsement Areas	200	50	35

By way of example, a counselor with a degree in social work, five years experience, and minimum exam scores would probably have the full 65 education points, 25 experience, 60 "test" points and 35 endorsement points for a total of 195 points. Any of the following would yield certification: 1) a one week workshop training; 2) five more test score points; 3) taking a second endorsement area; or 4) working for one more year.

A second example would be someone who has worked full time in the field for eleven years, worked as an AA volunteer for 5 years prior, has attended 5 one week ADAD workshops, has "good" (80%) scores on exams, and "good" scores (80%) on one endorsement area. This would summarize:

Work Experience	55
Workshops	25
Written Exam	40
Work Sample	40
Endorsement Area	40
	200

This experienced applicant who demonstrates his knowledge of the field well upon testing is currently certifiable; even though the applicant hasn't a single hour of academic work.

Only three types of applicants will have to do considerable hard work to earn a certificate: 1) an advanced degree graduate with little experience or specialized workshop training; 2) a formerly addicted applicant who has not pursued either academic or workshop training nor has full time work experience; and 3) applicants with lots of exposure (training, education, experience) that has not resulted in skills and knowledge thus preventing minimum test score attainment.

Registry Process

The first step in the certification process is going on a registry. A registry is developed in steps:

1. Announcements are sent to each State Approved alcohol and drug program asking that each employee send in a form reporting his full legal name, job title, mailing address, and telephone number. Others may register, but will not be solicited.

2. A complete set of forms and instructions are sent to each respondent for submitting documentation of experience, education, and training necessary to place him/her into the proper registry category. These are the same forms needed for certification.

3. Registry categories are assigned as follows:

   Category A. Shows a total of 100 points or more before exams. With minimum exam and performance scores, will be certified. Top candidate.

   Category B. Shows 70 points or more before exams. With top exam scores could be certifiable. Realistic Candidate. Those close to the 70 level should also give serious thought to strengthening their position through training, coursework, etc.

   Category C. Shows less than 70 points. Will need preparation yielding more points over and above those that will probably accrue from examinations. These applicants are Doubtful Candidates and must earn more points before sitting exams or submitting work samples.

Category D. This category means "category unassigned". Most common reason for being in this category is an incomplete file.

Category AG, BG, and CG. On grace period. These were persons actively employed in the field, either on salary or by contract, between initiation of Registry (March 17, 1980) and formal initiation of full certification process (expected July 1, 1981). This category ceases to exist as of July 1, 1983.

The registry: 1) allows for some catagorization of Manpower; 2) gives applicants feedback on where they stand; 3) indicates directions to take to strengthen their position via the certification process; 4) provides an "eligibility roster" for taking certification examinations; and yet 5) can be operated by currently available resources (whereas certification requires additional resources).

Implementation Beyond Registry

To this point we have dealt mostly with the "what" of the certification process. We now return to the hows involved.

Written Examination

A person with experience in drug and alcohol programs, testing and evaluation, and with a solid academic knowledge of counseling should be contracted to develop an item pool, testing procedures and processes, and the actual examination for the first year. It is suggested that the field be involved by the contractor by soliciting questions from the field and paying $5 for each question actually used in the pool. (The contractor would use such questions as deemed appropriate from this source and develop the balance of needed questions.) Exam length would probably be about 150 questions, all objective.

The examination would be given once each year simultaneously in several locations during good driving weather (e.g. last Saturday in September). Applicants are responsible for their own expenses. Colleges and college staff with experience in such testing could be contracted or ADAD staff could be trained and sent to each location to administer the test.

Steps to implement would be:

1. Contract for development of item pool and first year's actual exam (120 day performance timeframe).

2. Develop, with contractor, an internal security system for the item pool and the examination.

3. Arrange for computer scoring, either internally or by contract, of exam (also with tight security controls) that includes full item analysis.

4. Designate site and date of examination, publicize these to persons eligible to sit exams (Category A, B, AG, and BG, persons on Registry.)

5. Designate a dealine date for entry onto the registry after which persons will have to await the following year's examination.

6. Train an ADAD staff member (probably someone from Training and Certification Section) in giving such exams; including security procedures.

7. Administer the exam.

8. Score and item analyze the exam.

9. Record individual scores.

10. Revise items as indicated by item analysis.

Performance on Work Sample

Applicants will submit two tapes of not less than 25 nor more than 45 minutes in length. These must be continuous segments of actual counseling sessions or of a counseling role play where the client (real or role played) is dealing with either a drug or alcohol concern as addict or impact family member.

Applicants should make every effort to submit a tape of an actual counseling session with a real client as five (5) points will be added to the scores of all tapes with actual clients. All tapes from persons employed in the field must be sent in by the Director of the applicant's program by certified mail along with a signed and notarized statement from the Program Director attesting the nature of the submitted tapes (role play or real clients) and that the counselor named is the counselor executing the session on the tape. Each tape (can be one physical tape with a different session on each side) must be clearly labeled with the applicant's name, program where taped, the session number (1st, 10th, etc.) with the client if a real client or with "role play" if not a true client, and the type of client (drug, alcohol, impacted family member) and the type of session (individual, couples, family). If role played, the name of the person playing the client should be given. Security will be maintained and confidentiality assured.

Persons not currently employed in the field should contact the Director of any State Approved program, (a list is available from ADAD) and ask either to be allowed to sign on as a volunteer and execute actual counseling sessions for submission, or to have a role play set up with a staff member playing the client. Program Directors are under no obligation to assist in this fashion. If local arrangements cannot be made, applicants should contact ADAD in Helena, Training and Certification Section, and a role play will be set up in Helena.

Work samples must be mailed from a Program Director by certified mail in the same way as described above for persons employed in the field. Outside applicants must reimburse the local program for the mailing, notary, and other costs. The exception would be where the session was role-played at ADAD in Helena. In this case the supervising staff would attest the validity of the tapes.

Tapes are rated by three judges on a rating sheet covering a range of "desirable" counselor characteristics. One judge is an ADAD staff professional with a counseling background, two judges from the field, usually one of these judges will have a background primarily derived from experience and workshop training, and the other a background primarily derived from formal higher education. Judges rate each tape separately. Judges travel to Helena and rate work samples periodically (e.g. semi-monthly or quarterly) as the flow of applications demands. Judges do not have access to other judges ratings of tapes and do not meet as a group in any formal or official way.

The score is the average score across judges and tapes showing the proportional positive rating multiplied by 45 plus 5 if a "real" session. Judges only rate. ADAD staff score, average, and record ratings.

Internal ADAD judges serve one year terms. They may, however, be reappointed. External judges serve two year terms except during the first year one judge will serve a one year term. This way there is always one external judge with experience to provide continuity. (2 consecutive term limit.)

Endorsement Areas

Endorsement area attainment is through a combination of education, experience, and performance on an oral examination. Points for background derive from file review.

Each area panel is composed of three persons. One person is the ADAD "resident expert" in the endorsement field.

Additionally, two panel members will be selected from the field. Again, it is recommended that one be a judge whose skills derive largely from experience and workshop training and the other someone who has considerable academic background. They are to be selected by ADAD. Nominations, including self nominations, should be sought from the field (forms to be provided), but the decision is with ADAD exclusively.

Designated ADAD staff serve one year terms on the panel. Field panelists serve two years. In the first year one field panelist serves a one year term. In the first year the ADAD staff member chairs the panel. In subsequent years the field panelist who is in his/her second year of service chairs.

A master list of 15/25 questions and model answers is developed for each area. Panelists question the applicant for 15 minutes drawing questions from this list. For 30 minutes panelists can ask any follow-up questions they wish of any type regardless of the list, providing it relates to the endorsement field, in an open discussion format. The applicant is excused and panelists may then discuss the applicant among themselves prior to each panelist making their own private ratings. Applicants may apply for only one endorsement area each year. This is a practical rule to keep costs and manpower commitments within bounds. (Even this probably will be tight for the alcohol area in the first year.)

Eight field panelists are required.

The alcoholism counseling panel would sit twice each year and the others once each. In the first year the alcohol panel would probably sit for two weeks, might need to sit four different times (or each week every other month), depending upon number of endorsement applicants.

Implementation Steps would be:

1. Ask for field nominations for panels.
2. Advertize to the field for questions.
3. Develop question master list.
4. Develop rating form.
5. Select panel members.
6. ADAD panel member meets with others and briefs them on duties.
7. Panel meets and sees five candidates per day.
   45 minutes structured
   30 minutes free form
   15 minutes discussion w/o candidate and completing ratings
8. Certification staffer averages rating and sends official notification of outcome to applicant.

Periodic Review

At the end of the first year of operation, the ADAD Training and Certification Section should review the year by field survey (questionnaire or just a set of random phone calls asking for comments), talk with ADAD staff, consultants, and panelists, and make any necessary process adjustments, budget modifications, etc. Reviewers must avoid the human urge to tinker unnecessarily.

Every three years a panel should review the entire program. It is suggested that the panel be made up of: 1) Three ADAD Staff members, one of whom should be the person primarily responsible for operating the system; 2) Two members of the State alcohol and drug advisory; 3) Four persons from the field, chosen from those who have served or are serving as certification panelists - one coming from each endorsement area; 4) Two program directors (one each drug and alcohol) preferably who have not served on panels or as judges; 5) One person who has served or is serving as a work sample judge; and 6) One "technical expert" in the areas covered by the system.

Panelists who are currently employed in the field should be paid their regular salary for panel service by their programs. Persons not salaried by ADAD or local programs should be paid for their service (since they will be taking vacation or unpaid time from their employers). The "technical expert" consultant should be paid the going fee rate. All should have travel and per diem paid for meetings. About two-to-three meeting days should be required every three years.

Continuing Education

Once certified, DAP will be required to earn ten (10) points per year on the average; averages being run each three years. Points can come from any source where the individual has not already earned his/her maximum points. (If all

experience points have not been earned, full-time work in the field will provide half of the points.

Loss of Certification

Certification can be lost or suspended in three ways:

1. By not meeting continuing education requirements. In this case a warning is given with one year to make up deficiencies. If not made up in one year, the certificate is suspended until requirements are brought up to date.

2. Violation of a code of professional ethics published by ADAD. The ADAD Director will appoint a panel of three peers and one ADAD employee to investigate any formal breach of ethics charges directed to ADAD by a client, other certified DAP, or member of any other recognized human services professional group. The panel will have the power to either clear the accused counselor, or suspend the certification for a period ranging from six (6) months up to ten (10) years if the complaint is deemed valid.

3. Conviction of any felony offense in a court of law which is related to the professional role for which certified. In the event of such conviction the ADAD Director will review the case and take appropriate action. This would entail a suspension of certification for a period of one (1) to fifteen (15) years or a permanent revocation of the certificate.
**

Meeting Boundary Conditions

The system described meets boundary conditions previously set forth as follows:

1. It should gain acceptance from the field since it gives equal credit to work experience in the field and academic preparation.

2. More points are made available from structured workshop training than from any other source. This is because that has been the past emphasis, at both State and Federal level for delivering skills to the field. It also gives the best and most flexible vehicle for ADAD to make available and channel field personnel into specific needed kinds of development experiences (workshops from the preferred list).

3. The competency check proposed is minimal, but should prove effective. While there is potential for abuse by Program Directors, investing any "50" people with this kind of power will yield a few who wield it sloppily and maybe one or two who even "criminally" abuse it. Yet the expense of other approaches is quite high and this involvement of the field in the system is highly desirable perhaps even necessary.

4. The diverse tasks and responsibilities within the field are taken into account through offering four distinct endorsement areas where a person's special skills and experience can come to the fore, be displayed, and earn points.

** Appeal process being developed.

By making this an oral examination those who lack a lot of "paper and pencil" test experience (e.g. persons entering the field from other than academic routes) are not penalized. In fact, only 50 of the nearly 400 points available in the system directly rely on paper-and-pencil testing (college coursework points usually relies indirectly on this means).

5. System rules are fair and internally consistent. Yet any diverse system (needed here to reflect a diverse field) has some complexity, thus requiring more than casual reading for full understanding.

6. As shown in Table 10, the system compares quite favorably to those in effect to license/certify psychologists, teachers and medical doctors. In fact there are areas where it is superior to each. Field personnel certified under this system need take no credential back-seat to any other professional.

7. The system as written is clearly managed by ADAD. There is ample involvement from the field nominating and serving as judges and on endorsement panels, submitting questions, and reviewing the system. Particular technical expertise is budgeted for developing tests, annual reviews, and for service on the review panel.

8. Periodic review has been elaborated for year one and a review panel set up for a three year cyclic review.

9. This proposal does not specifically address the issue of making available opportunities to obtain points. ADAD must separately develop plans, proposals, and budgets that make available structured workshops (especially from the preferred list). ADAD must also lay plans that make extension classes from higher education units covering such basic fields as psychology, sociology, etc. more conveniently available to practitioners in the field.

Table 10. Comparison To Other Professional Certificates/Licenses

	Board Of Psychologists	Teacher Certification	M. D.	DAP Certification
Minimum Background to be considered	Yes	Yes	Yes	Yes
Work Sample Required	Yes	No*	No*	Yes
Written Examination	Yes	No	Yes	Yes
Oral Examination	Yes	No	Yes	Yes

Table 10. Comparison to Other Professional Certificates/Licenses (Con't)

	Board of Psychologists	Teacher Certification	M.D.	DAP Certification
Continuing Education Requirement	No, but Moving toward	Yes	Yes	Yes
Specialty Area Endorsements	Yes, but In flux	Yes	Yes	Yes

* Teachers are observed in practice teaching and M.D.'s in residency which is a similar situation, but neither submit any particular work sample as a specific part of credentialing.

Terms

Full-time Equivalent (FTE). A half-time DAP working two years equals one full-time equivalent, etc.

Document (able) (ed). A person who by position is found credible by ADAD (e.g. A Program Director, Personnel Manager, Program Board Officer) will sign a form attesting the dates, hours, and job titles reported for salaried employment or annual clock hours of service per year for volunteers etc., as required. For academic work this would be an official transcript.

State Approved Program. A program reviewed and approved for offering drug or alcohol services by Montana, JCAH, or any other State in the USA, or other source credible to ADAD. (Proof of program approval must be supplied for out-of-state experience.)

Active Volunteer. One who acts on behalf of the object organization(s), without payment, at least 50 hours per year.

Duplication. Counting the same point earning activity in more than one point category. (e.g. Counting a year of work experience both toward general certificate and an endorsement area.)

Governing Board. Persons legally responsible for operation of a corporate entity as defined in the Articles of Incorporation and By Laws.

Training Day. A training day is six-to-eight hours of continuous training. Where dates and hours are available points will be granted for each full day provided days average at least six hours. Where hours alone are given days will be established by division by seven (7).

Approved List. The listings of structured workshops and trainers that have been reviewed and approved by ADAD as, respectively, relevant for drug/alcohol personnel and as having the necessary qualifications to train such personnel.

The Field. Refers to all persons currently employed in a State Approved program, serving as a Board Member of such a program, serving on any State level Advisory Board for ADAD, or employed directly or on contract by ADAD.

Judges. Persons rating work performance tapes.

Panel. The group of three persons who conduct oral examinations for an endorsement area.

Panelist. A person serving on an endorsement panel.

Miscellaneous Rules

Rounding. Fractional points are not assigned. Should totaling and averaging (e.g. with FTE's) result in fractional points, these will be rounded down to reflect amounts clearly earned. Nothing is "given" through rounding off or up.

Duplication. One cannot count volunteer experience for any year in which one is a full-time employee of a program. Similarly, one can count a year's experience or a particular workshop either toward basic certification or towards endorsement points, but not both at once.

Endorsement and Certification. Applicants are not seen as certified until they have been examined and gained the minimum required points in one endorsement area.

Provisional Certification. There is none.

Grandfather Grace Period. Persons employed in the field on the date the certification system is implemented must register, but will have two years to meet requirements.

Capacity Grace Period. If through lack of capability or other reason, ADAD is unable to accomodate an applicant's request for testing, a one year grace period will be granted to operate on registration alone.

Endorsement Application Rate. Applicants may pursue only one endorsement area in a given year.

Requirement for Hire of Certified Personnel. Programs must have all professional, supervisory, and para-professional staff on the registry by June 30, 1980 or face program approval action. From July, 1980 through June 30, 1981 personnel must be on the registry and pursuing certification. By June 30, 1983 all program personnel must be certified. After July 1, 1983 programs must hire only certified personnel or face approval action. Until July 1, 1985 persons may work across endorsement areas. Thereafter job titles and endorsements will have to match or approval action will ensue.

Examination Eligibility. To take oral, performance, and written tests, applicants must be on the registry in categories A or B.

New Hires. As of April 1, 1980, all newly employed persons in the field should complete and submit all registry forms within 30 days. All supporting documents must be received within 90 days. Otherwise the employing program faces approval action.

Removal from System. Any applicant who has been on the registry for five (5) years without obtaining sufficient points for certification will be dropped from consideration. Those who are dropped may not reapply for a period of two years.

Special Cases - Development. There are persons who, by virtue of assisting in the development or implementation of the certification program, are inappropriate candidates to pursue one or more elements of that program. (e.g. Test writers, 3 judges, 12 panelists.) On the assumption that these persons have exceptional competence in these areas or they would not have been selected for these tasks, they are automatically awarded 85% of the "test" points in their area of participation. However, to pursue certification they must complete all required areas other than the one they are helping to execute. (After the second year this will cease to be a problem as it is inconceivable that uncertified persons who are potential candidates will accrue to panels etc.)

Special Case - Trainer. Persons who are ADAD approved trainers for ADAD approved workshops are granted points for these workshops toward certification. The ADAD approved list is the documentation in this case.

Crossover. Until July 1, 1985 persons may work in any area on any endorsement. Thereafter job title and endorsement must correspond.

LIST OF FORMS

1.	"Voluntary" Registration Form	ACR 1
2.	Work Experience	ACR 2
3.	Workshop Training	ACR 3
4.	Academic Preparation	ACR 4
5.	Specialized Training Credit Form	ACR 5
6.	Work History Verification Form	ACR 6
7.	Judge/Panelist Nomination Form	PCR 1
8.	Work Sample Verification Form	PCR 2
9.	Registry/Certification Fact Sheet	ICR 1
10.	Instructions to Applicant - Work Sample	ICR 2
11.	Money For Questions Instruction Sheet (To be developed)	ICR 3
12.	Background Point Summary	UCR 1
13.	Performance and Testing Summary	UCR 2
14.	Work Performance Rating Form	UCR 3
15.	Endorsement Area Oral Exam Rating Form (To be developed)	UCR 4
	Other Forms in Development	
	Breakout of Special Program Training Credit	ACR 5

DEPARTMENT OF INSTITUTIONS

ALCOHOL AND DRUG ABUSE DIVISION

THOMAS L. JUDGE, GOVERNOR

1539 ELEVENTH AVENUE

STATE OF MONTANA

(406) 449-3930

HELENA, MONTANA 59601

Registry/Certification Fact Sheet

Who is required to register?

* No one at this time (April 2, 1980). However, ADAD is currently operating a voluntary system of counselor registry. If you want to register you may. Forms will be provided by ADAD.

Who is eligible to register?

* Anyone employed by a drug or alcohol program in a professional position, or anyone acting in a volunteer capacity within such a program.
* Any person who wishes to pursue certification in the field and feels that his education, training, and work experience qualify him/her to work with chemically dependent clients.

How do I register?

* If you are now employed in the field you will get a registration form from your Director or mailed direct to you from ADAD.
* If not currently employed in the field, you may write and request registration requirements and form(s) from the Training and Certification Section of the ADAD. Complete these forms. Supply all requested information. Secure necessary verifications for workshops, employments, school attendance, etc. Then return to Training & Certification Section, ADAD. (Transcripts should be sent direct to ADAD.)

What will ADAD do with this information?

* ADAD will review this information and give you a registration certificate. This certificate will advise you regarding your deficiencies in any of the required areas. You may not, however, be advised immediately, as the time required to review your information will depend upon the quantity and quality of the material submitted. You will then be placed in one of the following categories.

  Category A means with minimally acceptable examination performance you appear to be certifiable now; Category B means you are eligible to take certification exams, but your certification status would currently require good scores on exams and the work sample to be certified. Added preparation in meantime would be prudent; Category C means your background is marginal, and that added preparation is called for prior to attempting certification exams or submitting work samples.

  Registration has no formal standing other than as a required step toward certification although you may informally use your registration status as a temporary credential if this is useful.

Category	Points	Category	Meaning
A	= 100 or over	D	= Phase One file incomplete - usually from missing documentation
B	= 70 or over	G	= A G added to any category means two years grace beginning July 1, 1981, to meet requirements
C	= Under 70		

Why would I want to be certified?

* The day is coming, probably July 1, 1981, when persons who work in the field in Montana will be required to be certified. Programs employing uncertified persons could face program approval action. (Unapproved programs do not qualify for funding, etc.) Apart from this, we in the drug and alcohol field need a credential to assure our own competence and to give us weight to stand beside other certified/licensed professionals (teachers, doctors, other health care professionals, etc.)
* The probability of third-party payments may be enhanced.

How do I get points?

You can get points in several ways/areas, for example:

* Five per year of work experience in drug or alcohol programs up to a total of 65.
* One per quarter hour of college credit earned in such areas as psychology and counseling up to a total of 65.
* Up to 50 points for correct answers on a written exam.
* Up to 50 points for your performance on taped counseling sessions you submit.
* One per day of training in structured workshops approved by ADAD up to a total of 100.
* Up to 40 points for your performance in an oral interview/examination in whichever one of the following areas you select: 1) Alcoholism Counseling; 2) Drug Counseling; 3) Education/Prevention; or 4) Management and Supervision. (You may eventually do all four areas one-at-a-time if you wish, but only one per year.)

How many points do I have to have?

* Two hundred (200).

If I lack points, how can I get more?

* There are many ways to get points. Take a college extension course in your community. Attend approved structured workshop training. Take a second area oral exam. Retake written exams to improve score. Submit newer better session tapes. Simply working in the field for another year adds points to your total.

Does it cost anything?

* There is an application fee of $100.00. For those employed in the field, local programs may help with this fee if they wish.

What if I'm not a counselor, do I have to send tapes?

* No, but you may do so. If you do not, you will have to make the points for your education or supervision endorsement elsewhere.

CENTRAL SERVICES	LICENSURE CATEGORY FOR INDIVIDUALS	APPLICATION FEE	EXAM FEE	LICENSE FEE	RENEWAL	RECIPROCITY
ARCHITECTS	Architects		97.50	20.	20.	40.
ATHLETICS	Promotors			100.		
BARBERS	Registered Barber		20.	10.	15.	
	Apprentice Barber		20.	5.	15.	
CHIROPRACTORS	Chiropractors		50.		25.	
COSMETOLOGY	Operators	6.	20.		6.	56.
	Manager-Operator			10.	10.	
DENTISTS	Dentists		60.	20.	25.	
	Dental Hygienists		60.	15.	10.	
ELECTRICAL	Journeyman		10.	10.	7.50	
	Master		25.	25.	20.	
HEARING AID DISP	Hearing Aid Disp.		50.		80.	50.
HORSE RACING	Owner, Trainer, Groom			Not to		
	Tracks, Jockey & Etc.			Exceed 15		
LANDSCAPE ARCHITECTS	Landscape Architect	75.	100.		90.	75.
MASSAGE THERAPIST	Massage Therapist	35.			25.	35.
MEDICAL EXAMINERS	Medical Doctor		100.	100.	50.	100.
	Acupuncturist					
MORTICIANS	Mortician			15.	15.	50.
	Mortician Intern		50.	3.	3.	
NURSING	Registered Nurse	35.	35.		10.	35.
	Lic.Pract. Nurse	35.	35.		10.	35.
NURSING HM ADMN	Nurs. Home Admn.	25.		100.	100.	85.
OPTOMETRISTS	Optometrist	25.		10.	50.	25.
OSTEOPATHS	Osteopathis Phys.			20.	15.	20.
PHARMACISTS	Pharmacist		35.	15.	15.	200.
	Intern Pharmacist	15.				
PHYSICAL THERAPISTS	Physical Therapist	100.			25.	100.
	Phy.Therapist Asst.	100.			25.	
PLUMBERS	Journeyman	50.			10.	
	Master	50.			10.	
PODIATRIST	Podiatrist		35.		25.	50.
PRIVATE INVESTIGATOR	Pvt. Investigator	25.	10.		10.	
	Pvt.Patrol Oper.	25.	10.		10.	
PROFESSIONAL ENGINEERS	Pro.Eng.Or Land Sur.	40.	30.		40.	60,
	EIT or LSIT	30.			2 yr.)	
PSYCHOLOGISTS	Psychologists	50.	65.	10.	50.	50.
PUBLIC ACCOUNTANTS	Lic. Pub. Accountants	50.	50.	25.	25.	75.
	Cert.Pub. Accountants	50.	50.	25.	25.	75.
RADIOLOGIC TECHNOLOGISTS	Radiologic Tech.		10.	15.	20.(2 yr.)	
	Rad. Tech. Permit	10.			10.	
REAL ESTATE	Salesman		25.	25.	15.	
	Broker		25.	50.	30.	50.
SANITARIANS	Sanitarians		75.		10.	35.
SPEECH PATHOLOGISTS	Speech Pathologist	40.		25.	25.(2	40.
	Audiologist	40.		25.	25.yrs)	40.
VETERINARIANS	Veterinarians		75.		25.	
	Vet. Tech.		25.		10.	
WATER WELL	Water Well Contr.		100.		25.	

AN OVERVIEW OF TECHNIQUES USED IN THE

1979 MONTANA SUBSTANCE ABUSE PREVENTION PLANNING STUDY

Developed by

Dr. John McQuiston, Director

Center for Population Research
University of Montana

and the

Montana Department of Institutions
Alcohol and Drug Abuse Division

under a grant from

The National Institute on Drug Abuse

INTRODUCTION

The Montana Substance Abuse Prevention Planning Study was developed to define the nature of substance abuse in Montana, to identify the current status of prevention programming in the state and to recognize existing gaps in substance abuse prevention services. It was developed by Dr. John M. McQuiston, Director, Center for Population Research, University of Montana under contract to the Alcohol and Drug Abuse Division of the Montana Department of Institutions and funded by a grant from the National Institute on Drug Abuse. The survey was developed as a self-administered questionnaire to be sent by mail to key informants throughout the state. This survey method was selected as most effective and feasible given limited staff and financial resources and in response to the physical character of the state. Montana has five major population centers with numerous smaller cities and towns separated by substantial rural land. The questionnaire was developed during March and April of 1979 and administered during May and June of 1979.

METHODOLOGY

The Questionnaire. The questionnaire was sent to all formal organizations who are known to have or might be expected to have substance abuse clientele or substance abuse prevention programs. Questions included on the survey instrument are intended to describe the seriousness of substance abuse, to profile the abusing populations for prevention programs, to describe current prevention programming and training status, and to identify prevention programming and training needs. As well, the questionnaire has the capability to develop a current bibliography of books, pamphlets and other literature currently used by providers of prevention services. The questionnaire was designed to conform to current federal guidelines, and includes the use of closed end questions, which, for the most part, are converted to machine readable format through the use of "window overlays."

Return Rate. The return rate is difficult to calculate as, in Montana, questionnaires were sent to all organizations and individuals who might have had a prevention program in place or might have had an interest in one. A review of the return rates by type of potential service provider and telephone followup of a sample of nonrespondants would lead us to estimate that the population returning the questionnaires approximated the population of providing organizations in Montana.

Data Reduction. A set of three overlays was developed which, when placed over each of the three pages, allows direct keypunching without the need for transcribing, recoding or inclusion of keypunching instructions on the questionniare. Each page is separated from the rest and the respondants combined by page number for ease of keypunching. This method also allows for a substantially greater number of questions per page than would have been possible had coding notations been included on the questionnaire.

Data Editing. Data editing is accomplished through the use of a generalized computer program in the DATRAN series available at the University of Montana Center for Population Research. As the coding is exclusively numeric, data editing is relatively simple through the use of other commonly used computer programs such as BMD or SPSS, where DATRAN is not available. As the format of the questionnaire is relatively unambiguous, errors detected on editing are rather easy to correct.

Special Codes. Three groups of boxes may be found on page one of the questionnaire. The upper left hand box is used to pre-code an identification number for each individual or agency to whom a questionnaire is sent. The two left-hand digits consist of a "provider type" code, while the three right-hand digits represent a discrete sequential number for each potential respondant. This five digit number is then placed in the upper left-hand corner of pages two and three as well, to facilitate keypunching.

The upper four boxes at the top right-hand of page one are used to code the county and city of the provider's location. The five sets of two boxes just below are used to code the service area of the provider, based on the response to the questions at the immediate left of the boxes.

Data Analyses. Due to the numeric nature of the data, analysis may be performed through the use of a variety of statistical and tabulation routines available in the DATRAN, BMD or SPSS packages. The Montana prototype consisted of tabulating the data by service area, by provider type, by prevention time and expenditures, and for the state as a whole. Analysis by types of substance abused and/or abusers through more sophisticated analytical techniques has been left open for further consideration. As the number and dimensions of data returned is large, the data have considerable analytical potential.

UTILIZATION EXPERIENCE

Format. As previously indicated, the questionnaire format greatly facilitated coding, editing and keypunching. However, several modifications could be made based on the Montana Experience. The length of the questionnaire could be considerably reduced by eliminating some of the checkoff options on pages 2 and 3. However, it may be necessary to pre-test the form to determine which categories could be eliminated. Also, a substantial number of respondants neglected to circle those boxes to indicate unmet needs. Instructions about using circles to indicate service and training needs should probably be set apart in bold type.

In Montana, a single cover letter was used for all questionnaire recipients including school teachers and counselors, public and school health nurses, mental health professionals, probation officers and substance abuse program staff. In retrospect, specialized cover letters tailored to each provider category might encourage additional responses.

Distribution. The Montana experience was hampered by time constraints due to delays in hiring staff. For this reason, the questionnaire was not pre-tested and was distributed in early May. Pre-testing would undoubtedly have identified some of the problem areas previously mentioned. In addition, May

is traditionally a busy month for school personnel and this fact undoubtedly lowered the response rate from school staff somewhat.

POTENTIAL USE

This questionnaire and methodology has proven itself adequate to assess and describe substance abuse prevention program needs. Its potential for longitudinal analysis of need has yet to be tapped. If this, or a similar questionnaire were used in similar states, cross state comparisons could be made both cross-sectionally and at the same time, longitudinally over a number of years.

If the questionnaire were augmented to include data on type and frequency of use as well as treatment statistics, the instrument might be appropriate for use in collecting and comparing data on use, prevention and treatment.

For future uses, a pre-screening of potential respondants should be made prior to the time that the questionnaire is sent for completion. Questionnaires should only be sent to those providers who play a role in identification, treatment or prevention activities. In Montana, all possible providers were canvassed, making it difficult to assess return rates with precision. Pre-screening could consist of a return post card or other similar method at minimal expense.

The questionnaire has proven to be a useful tool in developing a state plan for substance abuse prevention. It's potential for evaluating the successful implementation of that plan could be realized by simply using it annually. Subsequent responses could then be compared with data from prior years in order to determine program effectiveness. If different programs were implemented in different areas having similar prevention problems and goals, comparisons of the programs might be made quite directly through annual use of this questionnaire or similar instrument.

State of Montana

Department of Institutions

Alcohol and Drug Abuse Division

GOVERNOR
THOMAS L. JUDGE

DIRECTOR
LAWRENCE M. ZANTO

Helena, 59601

DIVISION ADMINISTRATOR
MICHAEL A. MURRAY

COMMUNITY & PROGRAM DEVELOPMENT BUREAU CHIEF
GEORGE L. SWARTZ

REPORTING & EVALUATION BUREAU CHIEF
ROBERT W. ANDERSON

TO RECIPIENTS OF THIS QUESTIONNAIRE:

The Prevention and Education Section of the Montana Division of Alcohol and Drug Abuse is currently preparing a Substance Abuse Prevention Plan for the State. This Plan will provide the basis for allocation of alcohol and drug abuse prevention and education funds during fiscal year 1981 and succeeding years. The enclosed questionnaire will be used to identify training and program needs for substance abuse prevention as part of that plan. We have included your program in this planning phase because your program is providing prevention services or should benefit from prevention programs or training as funds are allocated in the future.

This questionnaire should take about 15 minutes of your time to complete. Before completing it, please read the enclosed definition sheet and refer to it as necessary while you fill out the questionnaire.

Since your program serves special clientele in a defined geographic area of the State, it is extremely important that we have information that is as accurate as you can provide. Without your input we may misread the prevention and training need for your service area and situation.

Please return the questionnaire in the enclosed stamped envelope prior to May 30, 1979. If you have any questions please feel free to contact me at 449-2827.

Thank you for your cooperation.

Sincerely,

C. T. CANTERBURY, Manager
Prevention and Education Section
Community and Program Development Bureau

CTC/cs
Enclosure

STATE OF MONTANA

SUBSTANCE ABUSE PREVENTION PLANNING STUDY

Definition Sheet

Substance Abuse: Substance abuse is the use of potentially dangerous chemical substances, including prescription and non-prescription drugs, inhalents and alcohol in a manner which is detrimental to the health of the individual or which creates an obvious potential for harm to other persons.

Substance Abuse Prevention: Substance abuse prevention is a constructive process based upon the concept that by implementing a variety of effective learning processes and alternative activities, personal and social growth of the individual toward full human potential can be promoted and physical, mental, emotional or social impairment resulting from abuse of chemical substances can be inhibited or reduced. Prevention efforts include education, information, alternatives and intervention.

Education: Education, as a substance abuse prevention strategy, includes planned affective development of personal and social skills to assist persons to function and grow as individuals and as members of society without abusing chemical substances. Educational activities include developing coping, problem solving and decision making skills, strengthening self-esteem, defining and clarifying values and goals, and improving communication skills.

Information: Information, as a substance abuse prevention strategy, includes activities which make factual material available to general or selected audiences. Information activities include providing data about substance abuse, substances of abuse and their effects in a variety of formats including pamphlets, media releases, films, school programs, workshops, speaking engagements and adult education courses.

Alternatives: Alternatives, as a substance abuse prevention strategy, includes promotion of positive activities which can be used not only as substitutes for substance abuse, but also to encourage long-term constructive activity. Alternative projects include youth centers, employment programs, social action programs, community development projects and recreation centers.

Situational Change: Situational change, as a substance abuse prevention strategy, includes efforts to recognize indicators of potential substance abuse and, through environmental change, attempt to alter the potential pattern. Intervention activities include parenting and family communication workshops, cross-age counseling, tutoring and career planning.

Target Groups: A target group is a group of individuals sharing one or more similar characteristics such as age, sex, ethnic background, economic status or profession for which programs are specifically designed.

MONTANA SUBSTANCE ABUSE PREVENTION PLANNING STUDY

Agency or Program Name _____ Address _____ City & County _____

Program Director _____ Telephone _____

What counties or cities does your program serve?

Is your service basically: Urban ☐ Rural ☐ Both Urban & Rural ☐

Is your program specifically funded for alcohol and/or drug prevention activities?

No ☐ Yes, Alcohol ☐ Yes, Drug ☐ Yes, Both Alcohol & Drug ☐

If yes, what was your FY 78 - 79 Budget for prevention activities:

Federal Funds $☐☐☐,000.00 State Funds $☐☐☐,000.00 Local Funds $☐☐☐,000.00

TOTAL $☐☐☐,000.00

Do you or your staff devote time to alcohol & drug abuse prevention activities? (See enclosed definitions)

Yes, Alcohol ☐ Yes, Drugs ☐ Yes, Both ☐ No, Neither ☐

PART 1 PRESENT SUBSTANCE ABUSE IN YOUR SERVICE AREA

Will you please rank (from 1 - 10) the seriousness and the abuse problem in your service areas for the following substances. At the right, please check those age groups whose use contributes most to that seriousness ranking.

Rank the Seriousness of Abuse 1 - 10		Now Check Those Age Groups Whose Use Resulted in Your Seriousness Ranking						
		11 Yrs. Old or Younger	11 - 13 Early Teens	14 - 16 Teens	17 - 19 Late Teens	20 - 25 Young Adults	26 - 64 Adults	65 + Older Adults
	Alcohol							
	Amphetamines							
	Barbiturates							
	Cocaine							
	Hallucinogens							
	Inhalents							
	Marijuana							
	Opiates							
	Alcohol & Drugs							
	Multiple Use Excluding Alcohol							

PART 2 YOUR PREVENTION TARGET POPULATIONS

A. If you or your staff do not engage in prevention activities, check here ☐ and skip to Part 3.

The following questions refer to those prevention "target" populations that your program services, identifying whether that group is a **major** or **minor** one. Please check those boxes where the group is a major or minor target. Leave the boxes blank if the group is not a "target" (see definitions) of your program.

TARGET POPULATIONS

	Major Target Urban	Major Target Rural	Minor Target Urban	Minor Target Rural
1. ABUSE PREVENTION				
Children:				
Pre-School	☐	☐	☐	☐
K - 6th Grade	☐	☐	☐	☐
7th & 8th Grade	☐	☐	☐	☐
9th Grade	☐	☐	☐	☐
10th - 12th Grade	☐	☐	☐	☐
School Dropouts	☐	☐	☐	☐
Adults:				
Young Adults	☐	☐	☐	☐
Middle Adults	☐	☐	☐	☐
Aged Adults	☐	☐	☐	☐
Parents	☐	☐	☐	☐
Mentally Ill	☐	☐	☐	☐
Disabled Population	☐	☐	☐	☐
Terminally Ill	☐	☐	☐	☐
Prison/Jail Inmates	☐	☐	☐	☐
Industrial Groups	☐	☐	☐	☐
Migrant Workers	☐	☐	☐	☐
Unemployed	☐	☐	☐	☐
Professionals & Managers	☐	☐	☐	☐
Ethnic Groups:				
Native Americans	☐	☐	☐	☐
Hispanic	☐	☐	☐	☐
Blacks	☐	☐	☐	☐
Alcohol Abusers	☐	☐	☐	☐

	Major Target Urban	Major Target Rural	Minor Target Urban	Minor Target Rural
1. Cont.				
Users of:				
Amphetamines	☐	☐	☐	☐
Barbiturates	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐
Hallucinogens	☐	☐	☐	☐
Inhalents	☐	☐	☐	☐
Marijuana	☐	☐	☐	☐
Opiates	☐	☐	☐	☐
Alcohol & Drugs	☐	☐	☐	☐
Multiple Users Excluding Alcohol	☐	☐	☐	☐
2. TRAINING IN ABUSE PREVENTION				
Parents	☐	☐	☐	☐
Teachers	☐	☐	☐	☐
School Counselors	☐	☐	☐	☐
Nurses	☐	☐	☐	☐
Physicians	☐	☐	☐	☐
Pharmacists	☐	☐	☐	☐
Mental Hygiene Workers	☐	☐	☐	☐
Human Service Workers	☐	☐	☐	☐
Clergy	☐	☐	☐	☐
Police/Sheriffs	☐	☐	☐	☐
Judges	☐	☐	☐	☐
Prison/Jail Staff	☐	☐	☐	☐
Mental Inst. Staff	☐	☐	☐	☐

3. Now will you please review the above list of potential target groups and go back and circle (☐) those boxes where no current prevention program exists but where you would like to add that population as a **Prevention Target**, either major or minor, during the next twelve months, if given modest resources to do so.

B. Prevention Activities:

a. Please approximate the percentage of staff time that is spent on:

Prevention Activities ☐☐☐.% **Non-Prevention Activities (including treatment)** ☐☐☐.%

b. Of that Prevention Time, what proportion of it is spent providing:

Information	☐☐☐ %
Education	☐☐☐ %
Alternatives	☐☐☐ %
Situational Change	☐☐☐ %
Other	☐☐☐ %
TOTAL	100 %

c. Now, looking at Prevention in another way, what proportion of that staff time is spent in:

Program Administration	☐☐☐ %
Program Planning	☐☐☐ %
Client Contact	☐☐☐ %
Program Evaluation	☐☐☐ %
Other Activities	☐☐☐ %
TOTAL	100 %

d. Please check all of the approaches that you have used to evaluate your program during the last 12 months:

	Have Used
Informal Staff Feedback	☐
Formal Staff Review & Reports	☐
Community Surveys	☐
Annual State Evaluation	☐
Participant Questionnaires	☐
Before & After Tests	☐
Experimental/Control Group Comparison	☐
Other	☐

Specify _____

PART 3 COMMUNITY ALCOHOL & DRUG ABUSE PREVENTION PROGRAMS

Please place a check in the box next to those prevention measures or techniques listed below that are currently available to clients in your service area through your program or others in the community.

Technique	Available?
A. Informational Methods	
Alcohol/Drug Awareness Presentations	☐
Pamphlets	☐
Films	☐
Newspaper Ads	☐
Radio Ads, Announcements	☐
TV Ads, Announcements	☐
Guest Speakers	☐
Student Handbooks, Guides	☐
Workshops	☐
Seminars	☐
Other, specify	☐
_____	
_____	

Technique	Available?
B. Educational Methods	
Assertiveness Training	☐
Behavior Contracting	☐
Career Education	☐
Communication Skills	☐
Decision Making Skills	☐
Leadership Skills	☐
Psycho/Socio Drama	☐
Self Concept Training	☐
Stress Management	☐
Values Clarification	☐
Other, specify	☐
_____	
_____	

Technique	Available?
C. Alternatives	
Art, Music, Drama	☐
Crafts	☐
Vocational Skills	☐
Meditation, Yoga, Relaxation	☐
Sensory Awareness	☐
Community Action/ Social Change Groups	☐
Social Service & Volunteer Programs	☐
Sports/Physical Activities	☐
Outdoor/Wilderness Experiences	☐
Other, specify	☐
_____	
_____	

Technique	Available?
D. Situational Change	
Alternative Schools	☐
Effectiveness Training for:	
Parents	☐
Teachers	☐
Counselors	☐
New Peer Groups	☐
School Policy Guideline Development	☐
Other, specify	☐
_____	
_____	

E. Now, will you please go back and review the above list (Part 3) and circle (Ⓒ) those measures or techniques which are not presently available in your service area but which you would like to add or have added during the next twelve months, if given modest resources to do so.

PART 4 PROGRAM TRAINING NEEDS & RESOURCES

Please indicate below those prevention methods and techniques for which you and/or your staff are currently trained and could teach the method to someone else, are trained but probably couldn't or would't teach it, or where there is no one on your staff who is trained in the method or technique listed.

Technique	Trained & Can Teach	Trained	Not Trained
A. Informational Methods			
Alcohol/Drug Awareness Presentations	☐	☐	☐
Pamphlets	☐	☐	☐
Films	☐	☐	☐
Newspaper Ads	☐	☐	☐
Radio Ads, Announcements	☐	☐	☐
TV Ads, Announcements	☐	☐	☐
Guest Speakers	☐	☐	☐
Student Handbooks, Guides	☐	☐	☐
Workshops	☐	☐	☐
Seminars	☐	☐	☐
Other, specify	☐	☐	☐
_____			
_____			

Technique	Trained & Can Teach	Trained	Not Trained
B. Educational Methods			
Assertiveness Training	☐	☐	☐
Behavior Contracting	☐	☐	☐
Career Education	☐	☐	☐
Communication Skills	☐	☐	☐
Decision Making Skills	☐	☐	☐
Leadership Skills	☐	☐	☐
Psycho/Socio Drama	☐	☐	☐
Self Concept Training	☐	☐	☐
Stress Management	☐	☐	☐
Values Clarification	☐	☐	☐
Pharmacology	☐	☐	☐
Early Identification Methods	☐	☐	☐
Other, specify	☐	☐	☐
_____			

Technique	Trained & Can Teach	Trained	Not Trained
C. Alternatives			
Art, Music, Drama	☐	☐	☐
Crafts	☐	☐	☐
Vocational Skills	☐	☐	☐
Meditation, Yoga, Relaxation	☐	☐	☐
Sensory Awareness	☐	☐	☐
Community Action/ Social Change Groups	☐	☐	☐
Social Service & Volunteer Programs	☐	☐	☐
Sports/Physical Activities	☐	☐	☐
Outdoor/Wilderness Experiences	☐	☐	☐
Other, specify	☐	☐	☐
_____			
_____			

Technique	Trained & Can Teach	Trained	Not Trained
D. Situational Change			
Alternative Schools	☐	☐	☐
Effectiveness Training for:			
Parents	☐	☐	☐
Teachers	☐	☐	☐
Counselors	☐	☐	☐
New Peer Groups	☐	☐	☐
School Policy Guideline Development	☐	☐	☐
Other, specify	☐	☐	☐
_____			
_____			

E. Management Techniques			
Organization Needs Assessment	☐	☐	☐
Formulation of Goals &/or Objectives	☐	☐	☐
Program Development or Modification	☐	☐	☐
Program Evaluation	☐	☐	☐
Proposal Writing	☐	☐	☐
Interagency Collaboration	☐	☐	☐
Community Organization	☐	☐	☐
Prevention Techniques	☐	☐	☐
Time Management	☐	☐	☐
Program Accounting	☐	☐	☐
Records Management	☐	☐	☐

F. Now, will you please review the above list (Part 4) and circle (Ⓓ) those prevention methods and techniques in which you would like to have staff trained during the next twelve months given modest resources to do so.

PART 5 RESOURCE MATERIALS

We are quite interested in identifying those resource materials, films, pamphlets, recordings, articles, books and the like that you commonly use or give to clients as aids in the prevention of drug and alcohol abuse. If you will please list those that you would like us to know about, we will circulate your list to others. Please asterisk (*) those which you have developed locally.

This completes the information needed to develop the state substance abuse plan. Please review Sections 2A, 3, and 4 to make certain that you have circled all the appropriate boxes as instructed at the end of these sections.

Thank you very much for your cooperation and for providing us with this vitally needed data. With this help we hope to expand and improve our Montana Alcohol and Drug Abuse Prevention Programs in ways that will tailor them to the needs of our clients.

MONTANA ADVISORY COUNCIL ON ALCOHOL AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency met in the Conference Room at the Department of Institutions, 1539 11th Avenue, Helena, MT at 10:10 a.m., June 10, 1980.

MEMBERS PRESENT

Tom Clavin
Senator Larry Fasbender
Martha Herlevi
Shari Pettit
Peggy Skelton
William Spoja
Dr. Robert VanHorne, Chairman

MEMBERS ABSENT

Dr. Vincent Amicucci
Sue Boedecker
Joe Plumage

STAFF

Bob Anderson, Chief, Reporting & Evaluation Services
Darryl Bruno, Chief, Community & Program Development Bureau
C. T. Canterbury, Manager, Prevention & Education Section
Elizabeth McDonnell, Secretary
Michael A. Murray, Administrator
Joan Rutledge, Planner

VISITORS

Naomi Kennedy, Denver Regional Office, ADAMHA
Directors and/or spokesmen for programs as listed in contents of these minutes.

The meeting was called to order by Chairman VanHorne. Minutes of the last meeting were approved as submitted.

The Council and Staff Review Committee then spent the rest of the day reviewing grant applications.

The meeting reconvened at 8:45 a.m. June 11, 1980. At this time the programs were allowed to present their budgets and justifications for additional funding.

DISTRICT II ALCOHOL & DRUG PROGRAM (Glendive), Jack Pollari, Director. Council recommended a review of McCone County revenue projections. The Council recommended to support an additional 1/4% secretary, but should be paid for with increased service revenue; $850 additional for court school patrolman ($300) and increase ($510) for accountant; there was a rent increase which was covered in the application; an additional $50 per staff member for training; an additional $200 for equipment (a new typewriter). Request by Program $90,762, recommended by Staff and Council, $82,798, after review of McCone County revenue, moved by Ms. Pettit, seconded by Herlevi, motion passed.

HILL-TOP RECOVERY CENTER (Havre), Ron Hjelmstad, Director. Recommended ADAD contribution of $29,587 with the understanding that any increase in service revenue over $14,975 be deducted from State Grant Funds earmarked for this program. This must be reflected in the contract. Hill-Top is projecting a generated income of $15,000. Senator Fasbender moved to increase grant to $29,587, subject to contractural arrangements. Seconded by Ms. Herlevi, motion passed.

SOUTH CENTRAL MONTANA ALCOHOL & DRUG PROGRAM (Stillwater & Carbon Counties), Marge Self, Director. Total budget requested $47,700, grant award $47,499. Move to accept as recommended made by Ms. Pettit, seconded by Mr. Clavin. Motion passed.

TRI-COUNTY ALCOHOLISM SERVICES (Bozeman), Chuck Heath, Director; S. Bishop, Board Member. The Council reviewed handouts passed to them by Chuck Heath. Mike Murray passed copies of letters received from residents of Bozeman and service area. Recommended funds be set aside for one additional counselor if client load warrents same, over 80 clients per month; Dr. VanHorne recommended technical assistance; an additional $1540 for rent plus $200/counselor for training. Increased staff recommendation to include an additional half-time counselor FTE and recommend the director/counselor position be released from proposed counseling duties. Mike Murray recommended they apply for a separate incentive grant for Detox. for Beaverhead County ($2,500); recommended reduction in travel; more specifics on Goals and Objectives. Ms. Pettit moved to accept the revised budget, seconded by Ms. Herlevi, motion passed.

ANACONDA/DEER LODGE COUNTY ALCOHOLISM SERVICES, Brick Clawson, Director. Mr. Clawson requested funds for a secretary. The Council recommended sharing a secretary, plus rental space with the Montana drug program. This would allow a director/counselor, a full time counselor to be retained, plus the half-time secretary; recommended they maintain a caseload of 30 clients; fringe to be held at 18%. Senator Fasbender remarked that since the County paid the fringe benefits, the State should not have to subsidize them. Mr. Spoja moved to fund ½ secretary, $200/counselor for training, and 18% fringe, seconded by Senator Fasbender. Motion carried.

POWELL COUNTY ALCOHOLISM SERVICES, Dorothy Beaulieu, Counselor, Board Member and Interested Resident. Ms. Beaulieu explained they had generated funds via a puppet show that has been widely accepted. Several Council members complimented them on their work and recommended funding a Prevention/Education counselor, half time, if monies are available after treatment priorities are funded. Minimum caseload of 30 clients will be required if this staff member is hired; $400 for an audit, and an additional $50 for repair and maintenance. Moved by Mr. Spoja, seconded by Ms. Herlevi, motion carried.

RAVALLI COUNTY CHEMICAL DEPENDENCY SERVICES, INC. (Hamilton), Ed Shepherd, Director. Mr. Shepherd stated there was an error by the budget analyst, he was not disputing the recommended budget by staff, but did request $7,410 for a secretary. Senator Fasbender said the error would be rectified, the figures would be reviewed again by the budget analyst. Motion to adopt the budget of $47,752 with the recommended review was made by Senator Fasbender, seconded by Ms. Herlevi, motion carried.

FLATHEAD VALLEY CHEMICAL DEPENDENCY SERVICES (Kalispell), Ken Anderson, Director. Mr. Anderson stated they were satisfied with the recommendations by the staff. Ms. Pettit moved to adopt the proposal as stands, seconded by Ms. Herlevi, motion passed.

MISSOULA ALCOHOL SERVICES (Missoula and Mineral County), Susan Rangitsch, Director. Ms. Rangitsch stated they could accept the decreases in supplies and communications, but the rent/leases and Other expenditure cuts were unacceptable. The Council recommended allowing the increase to requested amount for actual rent be approved; plus $100 for training; travel increased to $2,291; $175 for dues and subscriptions was acceptable to the program. Mr. Spoja moved to adopt the figures with the recommended changes, seconded by Pettit, motion carried.

MISSOULA INDIAN ALCOHOL & DRUG PROGRAM, Delaine Nagel, Director. There had been no staff review for this program as the County Plan had not yet been approved by ADAD. Ms. Nagel projected 15 new clients per month, 197/year. She also requested an Indian Advocate in the Alcohol and Drug Abuse Division office. At present there are two counselors, 1 administrator and 1 secretary/data coordinator. She asked for consideration for the client caseload as there are now 17 active clients, 50 percent non-Indian, but was hoping to build to 190. Mike Murray recommended no action be taken. The Advisory Council recommended a staff review and the Council would abide by the staff recommendation. Bob Anderson recommended a resubmission of budget before the staff review. Ms. Skelton moved to review the proposal with the assumption that the County would not fund the program, that the staff review the revised proposal and consider ADAD funding when the client load exceeds 40 per month, seconded by Ms. Herlevi, motion carried.

BUTTE INDIAN ALCOHOL PROGRAM, Ozzie Williamson, Director. No staff review for this program as the County Plan had not yet been approved by ADAD. Mr. Williamson stated the instructions for filling out the forms were confusing, and that they had not had ample time to review the staff recommendations. Mr. Murray recommended they resubmit their budget by Tuesday, June 17, 1980, for the Administrator review. Mr. Williamson objected to the time limit, saying he did not have enough staff to accomplish this by the given date. Ms. Pettit moved to review the proposal with the assumption that the County would not fund the program, that the staff review the revised proposal and consider ADAD funding, seconded by Ms. Herlevi, motion carried.

BOYD ANDREW SERVICE CENTER (Helena), Jo Kaste, Director. Ms. Kaste said the recommendations by the staff were such that she could live with them, if the staff could find additional funding for communications. Motion to accept the staff recommendations was made by Ms. Pettit, seconded by Ms. Herlevi, motion carried.

FORT BELKNAP TRIBES ALCOHOL PROGRAM (Harlem), Florence Cole, Director. Fort Belknap was unable to attend the Council meeting. Arrangements were made for staff reviewers Bob Anderson and Darryl Bruno, Council member Bill Spoja and Delaine Nagel, as an Indian Advocate, to make a conference call to this program. Their budget will be submitted by Tuesday, June 17, 1980, for review by the staff; the Council will abide by staff recommendations, motion made by Mr. Clavin, seconded by Ms. Pettit, motion carried.

PROVIDENCE ALCOHOLISM CENTER (Great Falls), Wendell Beard, Acting Director. The staff did not review this application as the Cascade County Plan has not been approved. The Council recommended the program provide additional material for staff review and recommendation by Tuesday, June 17, 1980, and the Council would abide by the staff recommendations. Motion by Ms. Pettit, seconded by Ms. Herlevi, motion passed.

ALCOHOL AND DRUG SERVICES OF CENTRAL MONTANA INC. (Lewistown), Andy Anderson, Director, represented by Bill Spoja. The program would abide by the staff recommendations with the exception of travel. They requested $1000 more, Ms. Herlevi moved that $1000 for travel be included in the budget. Seconded by Tom Clavin, motion passed. Bill Spoja abstained from voting.

WHEATLAND FAMILY SERVICES (Harlowton). John Horton, Director, Darryl Bruno, Spokseman. Director John Horton was not able to attend the Council meeting. Mike Murray asked Darryl Bruno to present his review budget. The program requested $11,292, the staff recommended $11,442, pending confirmation of lease agreement. Ms. Pettit moved to accept the staff recommendations, seconded by Mr. Spoja. Motion Passed.

Mr. Murray recommended the Council adopt the staff recommendations for all other programs with the corrections recommended during the Task Force meeting. Dr. VanHorne asked for a motion to accept the recommendation. Mr. Spoja moved to accept all other staff recommendations as corrected during the Task Force Meeting on June 10, 1980, seconded by Ms. Skelton, motion passed.

Naomi Kennedy, ADAMHA, was introduced at this time. She stated she was very impressed with the growth, process and decisions the Council made, it was a pleasure to see citizen participation work. She also reported Formula Funds would no longer be available to states, but it would be well to continue with the State Plan.

John Rutledge was asked to give a presentation on the Goals and Objectives, and the accomplishments. That report is attached to these minutes.

Mr. Murray stated he understood the Frances Mahon Deaconess Hospital/Chemical Dependency Center at Glasgow would request $150,000 discretionary money. The Council recommended a hard look at this program before that amount was allocated to them. Council members by concensus stated they would like Glasgow to attend the next meeting and report on their progress in becoming self-sufficient, their bed expansion, how it impacts self-sufficiency and recovery rates. Mr. Murray recommended $100,000 to support 30 beds, with the money held in abeyance until the grant application is justified. Senator Fasbender made a motion, seconded by Ms. Pettit, a contract for the FMDH/CDC at Glasgow be held until after the next Council meeting when a dollar amount for funding could be established, motion passed.

Dr. VanHorne recommended cutting programs by a percent of each $1000 if the budget could not be balanced, but not to cut into the corrected budgets. Senator Fasbender moved each individual program be reviewed and cut where necessary, rather than a percentage, which should be used only as a last resort; seconded by Mr. Spoja. Motion passed.

Ms. Pettit said she would like to view more of the programs to see just where and how the money is being spent.

The Council set the next meeting for July 10, at Hill-Top Recovery Center in Havre. They requested state planes be used for Helena, Missoula, and Great Falls Council members.

The meeting was adjourned at 4:25 p.m.

Respectfully submitted,

Elizabeth McDonnell

ELIZABETH McDONNELL, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL

AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency met in the Conference Room at the Department of Institutions, 1539 11th Avenue, Helena, MT at 1:30 p.m., March 20, 1980.

MEMBERS PRESENT

Tom Clavin
Martha Herlevi, Vice-Chairman
Shari Pettit
Joe Plumage
Peggy Skelton
Bill Spoja

MEMBERS ABSENT

Dr. Robert VanHorne
Senator Larry Fasbender
Vincent Amicucci, M. D.

STAFF

Darryl Bruno, Chief, Community & Program Development Bureau
Kay Flinn, Manager, Technical Assistance Section
Bob MacConnel, Trainer, Training & Certification Bureau
Elizabeth McDonnell, Secretary
Mike Murray, Administrator
Danny Peressini, Evaluator
Terry Stanclift, Manager, Training & Certification Bureau

VISITORS

Andy Anderson, Director/Alcohol & Drug Services of Central MT, Inc.

The meeting was called to order by Vice-Chairman Herlevi. Minutes of the last meeting were approved as submitted.

Report on progress of the county plans was discussed. Funding priorities remain the same. Darryl Bruno explained the funding process for FY81. Mr. Murray discussed the earmarked funds for FY81, the estimated decreases and the reason for them.

Funding priorities are for rural programs impacted by passage of HB844, and to maintain existing alcohol services to ensure availability of treatment and to fund transitional living facilities.

Darryl Bruno explained Schedule D as a quarterly report which must be received with the FY81 Grant Application. One copy of the Program Revenue and Expenditure report must be received with the FY81 Grant Application. Any application received

later than May 5, 1980, will not be considered. Total budget will not exceed FY80 budget by 5 percent unless expansion of services is justified. Mr. Anderson agreed that one month is adequate for grant applications as there were no great changes made this year. That will give the Advisory Council one week to review them. Mr. Spoja suggested all programs are informed of the budget and the total amount of County funds.

Programs are to adopt and implement a client fee schedule for consideration as Priority 1 or 2. Danny Peressini and Kay Flinn offered their views on charging on a sliding fee schedule as oppcsed to free services by programs. The council endorsed the suggestion to adopt and implement the sliding fee schedule, with the recommendation that no one will be turned away or treatment refused regardless of ability to pay.

A realistic client fee budget should be submitted. Programs that have developed alternate sources of revenue for expanded or modified services will not be penalized, one-half not to exceed $1,000. One-half to go tc client treatment in programs, with income to purchase films or other treatment supplies. It was the consensus of the Council to have the Realistic Client Fee Budget added to that section of the budget. Motion made by Peggy Skelton and seconded by Shari Pettit.

Programs must have adequate justification for increased client load. Total budget will not exceed FY80 budget by 5 percent unless expansion of services is justified.

It was moved by Peggy Skelton to adopt with the recommended changes the budget review and seconded by Bill Spoja.

At this time Peggy Skelton said Dr. VanHorne asked her to extend his best wishes to the Council. He is recuperating from two surgeries and is doing well. A card was signed by all council members present. Also at this time Mike Murray said he had asked the staff to come down for cake and coffee to honor Alice Berg, who had resigned her position as division secretary.

Mr. Clavin discussed the amcunt of dollars the federal government collected in taxes from alcohol and how much is reverted back to Montana for treatment and programs. He is going to look into getting accurate figures.

The Bidder's Conference and application review process was discussed. It is the preference that this be done similarly to last year. The date of April 1 through April 3 was agreed on. Programs unable to attend will be sent materials and will not be penalized for not attending.

Terry Stanclift discussed what has been done since 1974 to present on the certification for drug and alcohol counselors. He explained the draft of the fourth set of standards which has been put out in the field for review and comment. Out of a possible 365 points a counselor must have 200 points to be certified. An examination will be developed using questions sent in from the field. A fee for lifetime certification with a renewal fee was discussed. It was the recommendation of the Advisory Council that this draft be placed in the field for review and comments.

Mr. Murray discussed the possibility of sharing costs and publication of the HABIT with the Mental Health Division. The Council Members would rather see it stay the way it is.

Proposed legislative changes discussed by Mike Murray were: profits from programs put into an earmarked fund; tax from wine sold in liquor stores reverting to ADAD; expand the funding for Prevention/Education functions; inventory of staff members in the field; establishment of a residential center for alcoholic treatment of youths aged 10-18; authorize and federally fund a Women's Task Force Advisory Staff Member; single units for treatment of Native Americans, federally funded; change the laws pertaining to revocation of state approval for treatment centers.

A motion to adjourn was made by Mr. Spoja, seconded by Ms. Pettit and carried.

Respectfully submitted,

Elizabeth McDonnell

Elizabeth McDonnell, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL

AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency met in the Conference Room at Galen State Hospital, Galen, MT at 10:00 a.m. January 24, 1980.

MEMBERS PRESENT

Vincent Amicucci, M.D.
Martha Herlevi
Shari Pettit
Peggy Skelton
Bill Spoja
Bob VanHorne

MEMBERS ABSENT

Tom Clavin
Larry Fasbender
Joe Plumage

STAFF

Alice Berg, Secretary
Daryl Bruno, Chief, Community & Program Development Bureau
C. T. Canterbury, Manager, Prevention/Education
Mike Murray, Administrator, ADAD
Dick Rice, Director of Treatment, SMDP

GALEN STAFF

E. P. Higgins, M.D., Galen State Hospital Superintendent
R. Moose Tolan, Director, Galen Alcohol Treatment & Rehabilitation

VISITORS

Brick Clawson, Anaconda/Deer Lodge Co. Alcohol Program
Roger A. Curtiss, Butte Indian Alcohol Program
Ronada Mamberg, Powell Co. Alcohol Program
Paul Miller, Powell Co. Alcohol Program
Don Porter, Powell Co. Alcohol Program
Jackie Trotchie, Butte Indian Alcohol Program
Ozzie Williamson, Butte Indian Alcohol Program

The meeting was called to order by Chairman VanHorne. The Montana Clean Air Act as it pertains to public meetings was complied with. Minutes of the last meeting were approved. Mr. William Spoja, Fergus County Attorney, was introduced as the new council member replacing Gary Hall.

Mr. [illegible] spoke to the council on the conversion of the Southwestern MT Drug Program grant to the Statewide Services Grant explaining the history of SMDP and the client (slot) mechanism. As a result of this conversion, the Federal funding level was increased 5% this fiscal year and the state has the flexibility to transfer or establish drug treatment clinics in all parts of the state.

The SMDP grant was an 8 year demonstration project in its 7th year of operation limited to Mental Health Region IV. Under the conversion, the regional office in Butte will be transferred to Helena to facilitate expansion on a statewide basis without additional staff. Discussion of slot utilization and the programs with drug treatment services. Dr. Amicucci questioned if clients could be counted at more than one clinic; Mr. Rice explained the CODAP system of reporting which makes this impossible. Mr. Rice stated Montana has been commended by NIDA for the accuracy and timliness of its reporting.

Mr. Bruno explained the mandate for drug program expansion contained in HB483 and the procedures used this fiscal year to request proposals from existing alcohol programs for drug treatment. It is expected District III (Miles City), Hill-Top (Havre), Libby, Lewistown and Browning will be programs interested in expansion of services. General Fund match was discussed. Ms. Pettit made a motion certifying that ADAD has complied with the intent of HB483 by receiving written notice of the federal match amount and approval for expanding drug services through existing alcohol programs. Second by Dr. Amicucci, carried.

Dr. Higgins entered the meeting, was introduced and thanked for hosting the Council.

The manpower grant from NIAAA to survey community program counselors was reviewed.

Mr. Canterbury discussed the prevention plan submitted in draft form. This will be included with the Comprehensive State Plan for Alcohol and Drugs in the future. NIDA expects to allocate 7% of their budget for prevention work in FY80 and 10% the following year. Mr. Canterbury discussed a meeting he attended recently along with other state prevention persons and their preference for NIDA making block grants to states rather than adopting a project relevant to large population areas but relatively ineffective for rural states which was developed by NPERN, a Philadelphia consortium.

Senate Bill 61 was reviewed. This bill gives the alcohol and drug programs the capability of collecting from insurance companies for treatment for both inpatient and outpatient services. As a result of early intervention, many clients have insurance coverage. Medical and legal ramifications clients may have as a result of filing claims based on treatment for alcoholism or drug abuse were discussed by Mr. Spoja and Dr. Amicucci. It was agreed this is a valid concern with no "easy" solution.

Programs filing claims must have a fee schedule. Discussion of the feasibility of ADAD establishing a standard rate and the problems involved. ADAD has developed a manual with forms for programs and plans to make this available as soon as it is printed. The availability of Medicaid funds was discussed.

A tax distribution sheet developed by ADAD was distributed and discussed. It has been mailed out to County Treasurer's and will go to program directors and other interested persons.

Current federal laws just passed by congress as contained in the NASADAD monthly report, January 1980, were reviewed.

A report on the status of the county alcohol plans was given. All counties have submitted a plan which is currently undergoing review by ADAD staff. It was

the recommendation of the Council that they review a summary of the plans similar to the one used for grant applications.

Applications from the Butte and Missoula Irdian programs were discussed. A motion was made by Mr. Spoja and seconded by Dr. Amicucci that if funds become available the Butte Indian Halfway House grant application be honored. Motion carried.

The Bidder's Conference was explained and discussed. Mr. Murray stated the Western Regional Support Training Center from Salt Lake will hold a grantsmanship training session prior to the conference for all applicants which will include sources of funding other than ADAD/State. As the Council should meet prior to the Bidder's Conference to finalize prioroties and criteria for grant applications, the next meeting will be held March 20, 1:30 p.m. in the Department of Institutions Conference Room.

The meeting adjourned for a tour of the Lighthouse Drug Abuse Program, John Weida, Director and the Galen Alcohol Treatment & Rehabilitation Center, R. Moose Tolan, Director.

Respectfully submitted,

ALICE BERG, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL

AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol & Drug Dependency met in the Conference Room at the Department of Institutions, 1539 11th Ave., Helena, MT at 10:00 a.m. September 28, 1979.

MEMBERS PRESENT

Robert L. VanHorne, Chairman
Martha Herlevi, Vice-chairman
Vincent Amicucci
Shari Pettit
Joe Plumage
Peggy Skelton

MEMBERS ABSENT

Tom Clavin
Senator Larry Fasbender

STAFF

Bob Anderson, Chief, Reporting & Evaluation
Alice Berg, Secretary
C. T. Canterbury, Manager, Prevention/Education Section
Mike Murray, Administrator
Joan Rutledge, Planner

The meeting was called to order by Chairman VanHorne. Minutes were approved as submitted.

Dr. Amicucci was introduced as a new member on the Council. Mr. Canterbury reviewed the mini-grant applications received for FY80 and the staff recommendations made. Council recommendations are incorporated in the memo attached hereto and are made a part of these minutes by this reference.

The draft copy of the County Alcohol Plan format was presented. This plan is a part of HB844 and requires that counties submit an alcohol plan to the ADAD prior to December 31, 1979 for the following year. It will be presented to the Sub-area Health Coordinating Council in October and undergo hearings in November and be included in the Montana Administrative Rules. Ms. Rutledge explained that a fairly simple format was selected as all of these plans will have to be combined into one State Plan. Ms. Petit made a motion that the Council recommend adoption of the format, second by Dr. Amicucci. The Council felt it was a well designed format which will be a workable process for the development of the Plan. Dr. VanHorne requested that a summary of the County Plans be presented to the Council for review.

Letters of resignation from Gary Hall and Kay Flinn were read by Dr. VanHorne. Mr. Hall has retired from the Police Department and his new employment precludes his attendance at meetings; Kay Flinn has accepted employment on the ADAD staff. The Council expressed their appreciation for the years of service of these two members.

Dr. VanHorne discussed the possibility of a recommendation on butyl nitrite abuse from the Council; his recommendation was that no action be taken on the recommendation.

Mr. Murray discussed funding errcrs for the following programs:

(1) Lewis & Clark - for services in Teton County. At the time the Council reviewed the L & C program, final action by the county to award the funds to the program had not been taken. L & C will need an additional $1,849 to fund the program in Choteau.

(2) Park County Program - An error had been made in the number of clients the program treats and an additional counselor is necessary to maintain the client/staff ratio. An additional $11,500 is necessary.

(3) Lincoln County program - An additional $9,580 is requested for a counselor at Troy.

Discussion. A motion was made by Ms. Pettit that these programs be funded the additional amounts prior to any funds being given to the "3" priority programs. Second by Mr. Plumage, carried.

A discussion of the tax disbursement for this fiscal year was held. Counties are receiving a check on a monthly basis from ADAD.

Recent developments at the Missoula Indian Alcohol and Drug Program were discussed. An audit is in process to determine the status of the program and it appears it will be necessary to close their half-way house. Discussion. Mr. Murray presented a proposal from the program for funding omitting the half-way house. Discussion. A motion was made by Ms. Pettit that the approved funds be allowed for the program with the exception of the salary for a prevention cocrdinator. Second by Mr. Pluamge, carried.

ADAD staff will attend the Statewide Health Coordinating Council as a part of the approval process for the adoption of the County Alcohol Plans on November 1, 1979.

A discussion on a date and place for the next meeting was held. The date of January 24, 1980 was set, meeting place will be Galen AT&R.

The meeting was adjourned.

Respectfully submitted,

ALICE BERG, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL

AND DRUG DEPENDENCY

Minutes

The Montana Advisory Council on Alcohol and Drug Dependency met in the Conference Room at the Department of Institutions, 1539 11th Ave., Helena, MT at 9:00 a.m. August 23, 1979.

MEMBERS PRESENT

Tom Clavin
Kay Flinn
Martha Herlevi
Shari Pettit

MEMBERS ABSENT

Vincent Amicucci, M.D.
Senator Larry Fasbender
Gary Hall
Joe Plumage
Peggy Skelton
Robert VanHorne

STAFF

Bob Anderson, Chief, Reporting & Evaluation Bureau
Alice Berg, Secretary
C. T. Canterbury, Prevention/Education
Mike Murray, Administrator
Joan Rutledge, Planner

VISITORS

Doug Austin, Director, District III Alcohol & Drug Program, Miles City
Jo Kaste, Director, Lewis & Clark Alcohol Program, Helena

It was agreed that eventhough there was not a quorum present, members would review the grant applications and make a recommendation. Mr. Clavin was introduced to the Council.

The staff review committee stated proposals were difficult to review and did not conform to the criteria established at the Bidder's Conference held in July. Total funds requested from ADAD was $1,116,619 making extensive cuts in the proposals necessary.

Mr. Anderson explained the process of the Bidder's Conference held July 13 attended by all alcohol programs apprising them of the criteria and priorities for grant applications. Programs would be limited to a 7% salary increase, no expansion of services would be funded, two trips per year to Helena were allowed and two training sessions per year per counselor were allowed.

Ms. Pettit recommended that prior year funding recommendations be included with the packets as an aide for reviewing applications next fiscal year. Second by Miss Herlevi.

District III -Miles City. This application was reviewed first as Mr. Austin was in the building to explain the changes in that program for the coming year. Salary increases exceeded the 7% and were cut; goals and objectives need to be improved; client fees were questioned.

Mr. Austin was invited to discuss the budget. He explained that commissioners in the outlying areas (Ekalaka, Baker, etc.) expect a counselor to be available in their counties, residents should not have to travel to Miles City for services. Both the welfare and mental health travel to those areas. Combined travel will be explored to see if a savings can be made in travel expenses. Other areas of the budget were discussed with the council concurring with the staff recommendation total budget amount $103,763 — grant award $14,185.

Hill-Top Recovery Center. (Havre) Ms. Flinn asked if the amount budgeted for travel compared with prior year. Similarities with the District III program were discussed. The council concurred with the staff recommendation of $221,735 total budget — grant award $54,185.

Deer Lodge/Granite Counties. Staff review felt their projected caseload was unrealistic; salaries were cut to 7% increase, fringe benefit 21% was discussed. Program did not list any cient fees as income. Coucil concurred with staff recommendation of $36,633 total budget — grant award $7,268.

Alcohol Services of Central MT (Lewistown). Salaries were limited to 7% increase, office supplies, travel, rent of copier, repairs and equipment were cut. Program did not list any client fees. Council concurred with staff recommendation of $52,916 total approved budget — grant award $11,574.

Problem Drinking Center of Park County (Livingston). This county expects to add Meagher. Salaries were held to 7% increase, supplies, travel and equipment were cut. Council concurred with staff recommendation of $51,660 — grant award of $10,597.

Lewis & Clark Alcchol Program. Jo Kaste, Director, was admitted to the meeting. Recent developments in the provision of services in Lewis & Clark County were discussed; all county funds will go to this program. Discussion. Ms. Kaste left the meeting. As the program had submitted their application prior to their knowledge of receipt of all county funds it was recommended and the council concurred that no state funds be awarded.

District II Alcohol & Drug Program (Glendive). Serves Richland, Dawson, Garfield, Prairie and Wibeaux Counties. Salaries cut to 7%. ADAD staff had met with the commissioners in this area prior to submission of the proposal. Salaries were cut to the 7% allowed; travel was cut. Client fees are not identified. Council concurred with staff recommendation total budget $75,988 — grant award $16,610.

District I - Glasgow. Serves Valley, Daniels, Roosevelt and Sheridan Counties. Salaries cut to 7%, client fees are not a part of the proposal. No state funds are requested in proposal; council concurs with staff recommendation of total budget $72,331.

Musselshell Alcohol & Drug Program. Includes Golden Valley County. Discussed changes from prior year in area. Salaries exceeded 7%, were cut. Council concurred with staff recommendation total budget $23,334 -- grant award $9,735.

Regional Chemical Dependency Services, Missoula. Due to Missoula County not awarding funds to a service provider by submission deadline date, this program submitted an incomplete proposal as it is not known if services will be provided in Mineral County only. Council recommended staff make a determination when the county funds have been designated.

SC MT Mental Health Billings. For services in Stillwater and Carbon Counties. Stillwater total budget approved $15,149 — grant award $1,272. Council concurred with recommendation.

Carbon County proposal was discussed. As this proposal was received after the deadline it was recommended for no funds. The county was represented at the Bidder's Conference and the commissioners were aware of the deadlines established. No action on proposal recommended.

Powell County Alcohol Services. Salaries cut to the 7%, contracted services, supplies and travel cut. DWI funds discussed. This program and Deer Lodge County program share service provision in Granite County. Council concurred with staff recommendation of total budget $43,196 — grant award $24,258.

Ft. Belknap Tribes Alcohol Program. Program plans expansion of services, disallowed under criteria established. Total approved budget $101,196 — no state funds. Council concurred with staff recommendation.

Sanders County Chemical Dependency Program (Thompson Falls). Proposal was $2,000 less than prior year. Salaries and misc. reduced. Proposal was well done. Council concurred with staff recommendation/total budget $27,476 — grant award $7,674.

Wheatland Family Services (Harlowtown). Realistic proposal in light of available funds and criteria established. Council recommended allowing 7% salary increase in line with allowance to other programs. Council recommended increase in total budget approved to $14,103 — grant award $6,818.

Alcohol Service Center for Lincoln County. Equipment, communications cut, no justification in proposal. This county will be impacted by HB844. Total budget recommendation $66,386 — grant award $31,343. Council concurred.

Ravalli County Chemical Dependency Services (Hamilton). Salaries exceeded 7%; recommended total budget $36,063 — no state funds. Council concurred.

Sweet Grass County Foundation (Big Timber). Travel, training, supplies, film were reduced; DWI fees not included in proposal. Total recommended budget $14,915 — grant award $7,174. Council concurred.

Medicine Pine Lodge (Browning). Budget was difficult to review. No CETA slots are available to the program this year. Cuts of $11,309 were made. This is a good program. Council concurred with staff recommendation/total budget amount $112,973 — grant award $10,060.

Flathead Valley Chemical Dependency Services (Kalispell). Staff recommended total budget of $175,671 — no state funds. Priority 3 program. Council concurred with recommendation.

Missoula General Hospital. Unrealistic budget; Priority 3 program; no funding available .

Missoula Indian Alcohol & Drug Program. Salaries exceeded 7%, proposal did not include NIAAA funds. Funding available from Federal monies through ADAD. Total approved budget $90,200 — no state funds. Council concurred with recommendation.

Butte Indian Alcohol and Drug Program. Salaries exceeded 7%; program not approved for intermediate care. Salaries, prevention, supplies, newsletter, travel and misc. categories cut. Total budget recommended $60,465 — no state funds. ADAD has available Federal funds for program to receive $12,670. Council concurred.

Providence Alcohol Center. Salaries exceeded 7%, recommended reduction of one counselor. Total approved budget recommended $233,444. Priority 3 program; no state funds awarded.

Holy Rosary - Miles City. Program submitted two proposals. New program, recommend no funding.

Ms. Flinn made a motion that proposals which were not submitted prior to the deadline established and announced at the Bidder's Conference be disallowed. Ms. Pettit seconded — members concurred.

Mr. Murray stated the mini-grant applications will be submitted and undergo staff review by September 14. Friday, September 28 was set as the date for the next Advisory Council meeting.

Friday morning at 8:30 a.m. a conference call was held with the following members participating:

Tom Clavin
Kay Flinn
Martha Herlevi
Shari Pettit
Joe Plumage
Peggy Skelton
Mike Murray

Recommendations from the prior days' meeting were reviewed. Ms. Skelton made a motion to accept the recommendations made by council members at the meeting held August 23, 1979 including the motions by Ms. Pettit and Ms. Flinn regarding prior year recommendations and disallowing proposals submitted after the deadlines be included. Second by Ms. Pettit, carried.

Respectfully submitted,

ALICE BERG, Secretary

APPENDIX E

ASSURANCES

MAINTENANCE OF EFFORT. The State of Montana hereby provides assurance that Federal funds will not supplant non-Federal funds that may be otherwise available for provision of the services and carrying out the activities under this Plan. Such funds will, to the extent practical, be used to increase the level of funds otherwise available for such services and activities.

MERIT SYSTEM. The Alcohol and Drug Abuse Division of the Montana Department of Institutions is a participating agency in the Montana State Merit System Plan. The Plan is developed and administered in accordance with "Standards for a Personnel Merit System", 45 EPR, Part 70.

NONDISCRIMINATION. All services provided under this State Plan will be made available without discrimination on account of race, creed, color, sex, age, marital status, or duration of residence.

The Department of Institutions and any other agency, organization, or institution carrying out any authority under the State Plan shall not discriminate in any way against any employee with respect to compensation, terms, conditions, or privileges of employment solely because of race, color, creed, sex, age, or national origin, nor shall they refuse employment to any qualified applicant for a position solely on the basis of the fact that he or she has or has not had a problem of alcohol abuse or alcoholism.

No formula grant funds will be awarded to public or private general hospitals which have received Federal funds for alcoholic treatment programs and which refuse admission and treatment to alcoholic persons solely on the basis of their alcoholism.

NO CONFLICT OF INTEREST. No employee of the Department of Institutions nor any firm, organization, or corporation receives funds from any applicant directly or indirectly in payment for services provided in connection with the Montana State Plan for Alcoholism and Drug Abuse Prevention, Treatment and Rehabilitation. Applicant agencies requesting subgrant funds will be required to submit similar assurance.

ACCOUNTING PROCEDURES. Accounting procedures necessary to assure proper disbursement of and accounting for funds paid to the State under this formula grant program have been established by the Management Services Division of the Department. Funds allocated to Montana in the Alcohol formula grant program under Public Law 91-616 will be clearly delineated from those obligated under other Federal formula or project grant programs. To this point, the budget number for this program has been established as 04571, Alcoholism Grant Program, for fiscal control purposes.

All records will be kept for such periods of time as deemed necessary for completion of Federal Audit as specified in the Guidelines for the Formula Grant Program under Public Law 91-616 and amendments.

Fiscal records relative to the use of funds made available under Public Law 91-616 and amendments shall be made available to inspection and fiscal audit at reasonable times by persons designated by the Secretary.

REPORTS. Annual progress and expenditure reports shall be submitted as may be required, to the Associate Regional Health Director, Department of Health, Education, and Welfare, Region VIII, Denver, with a copy to the Director of the National Institute on Alcohol Abuse and Alcoholism.

ACCESSIBILITY. All the services provided under this Plan will be so publicized as to be generally known to the population to be served, and will be available and responsive to the needs of those to be served, and will be so located as to be readily accessible to the population to be served.

SUBMISSION, REVIEW, AND APPROVAL OF THE STATE PLAN. The State Plan will be reviewed and updated or revised as necessary, at least annually. The Plan will be modified during the year if such modification is deemed necessary, and also as new or revised data or information is available. Any revisions or updating will be subject to the same review procedure as the Plan itself.

In years subsequent to this submission, the procedure to be followed in the submission and review of the Plan will be as follows:

As soon as possible following submission of the Plan for a fiscal year, staff revision and updating of the document will begin. The Plan for fiscal year 1978 will be developed and prepared for review by the Advisory Council as early in the fiscal year as practical.

Following Council review and comments, the documents will be made available for public review and comment at the Executive Office of the Department of Institutions, 1539 11th Avenue, Helena, Montana, as well as the office of the Alcohol and Drug Abuse Division of the Department. Such availability will be announced through a description of the Plan and a notice of its availability, which will be published 30 days prior to submission for approval.

Following this 30 day review period, copies will be submitted to the Office of the Governor, A-95 Clearinghouse for their review and comments relative to the relationship of this Plan or any modifications of the Plan to comprehensive and other State plans and programs and will provide the Department of Health, Education, and Welfare with their comments.

Forty-five days will be allocated for such review, and any comments or statements that there are no comments will be submitted with the Plan.

EVALUATION. The prevention education or treatment projects or programs supported by formula, or state grant funds have and will continue to provide the Alcohol and Drug Abuse Division a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such prevention or treatment programs or projects.

The State of Montana also assures:

a. That, insofar as practicable, the survey conducted in the State plan is coordinated with and not duplicative of the alcohol abuse and alcoholism survey conducted pursuant to Section 303 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970.

b. That the State agency will coordinate its planning with local drug abuse planning agencies, with State and local alcoholism and alcohol abuse planning agencies, and with other State and local health planning agencies.

c. That the State agency will foster and encourage the development of drug abuse and drug dependence prevention, treatment, and rehabilitation programs and services in State and local governments and in private businesses and industry.

d. That the State agency will make available to all business concerns and governmental entities within such State information and materials concerning such model programs suitable for replication on a cost-effective basis as are developed pursuant to Section 413(b) (2) of the Drug Abuse Prevention, Treatment, and Rehabilitation Act.

e. That the State Agency will furnish technical assistance as feasible to such business concerns and governmental entities.

Affidavit of Publication

STATE OF MONTANA,
County of Gallatin, } ss.

Gail VanAusdol, being duly sworn, deposes and says: That she is Principal Clerk of the Bozeman Daily Chronicle, a newspaper of general circulation, printed and published in Bozeman, Gallatin County, Montana; and that the notice hereunto annexed (Legal Notice - 1981 State Plan) has been correctly published in the regular and entire issue of every number of s for 1 ////////// consecutive publication, the first of which publication was mad day of July 80 19, and the last on the 2nd day of

Gail VanA

Subscribed and sworn to before me this 7th day of July

Rachel

Notary Public for the State of Montana, residing at Bozeman, Montana

NO[illegible] Montana

LEGAL NOTICE

The combined 1981 Montana State Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this Plan may be reviewed at the Administrative Offices of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Avenue, Helena, MT, phone 449-2827, or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This Plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-616 and 93-282.

Copies of the Plan will be submitted to the appropriate offices of NIDA and NIAAA in Washington, D.C. and the Regional Office of the Department of HEW, Denver, Colorado, for review and approval. Copies will be submitted to appropriate State and local agencies for their review and comment. Interested persons concerned with Alcohol abuse and alcoholism and-or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be addressed to: FY 1981 State Plan, Michael A. Murray, Administrator, Alcohol & Drug Abuse Division 1539 11th Avenue, Helena, MT 59601.

AFFIDAVIT OF PUBLICATION

STATE OF MONTANA, }
County of Cascade. } ss.

MARY L. HANDEL being first duly sworn deposes and says that GREAT FALLS TRIBUNE COMPANY is a corporation duly incorporated under the laws of the State of Montana, that the said GREAT FALLS TRIBUNE COMPANY is the printer and publisher of the GREAT FALLS TRIBUNE, a daily newspaper of general circulation, published and printed in the City of Great Falls, in the County of Cascade, State of Montana, and that the deponent is the principal clerk of said GREAT FALLS TRIBUNE COMPANY, printer of the GREAT FALLS TRIBUNE,

and that the advertisement hereto annexed ALCOHOL ABUSE

has been correctly published ONE (1) times in the regular and entire issue of said paper on the following dates:

3rd. day of July 1980
day of 19
day of 19
day of 19
day of 19
day of 19

Mary L. Handel

Subscribed and sworn to this 3rd. day

of July A. D. 1980

Notary Public for the State of Montana, residing at Great Falls, Montana. My commission expires 9/6/82

LEGAL NOTICE

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FY1981 State Plan,
MICHAEL A. MURRAY,
Administrator,
Alcohol & Drug Abuse Division,
1539 11th Avenue,
Helena, MT 59601.
7/3.

FORM 6053 TRIBUNE PRINTING

Proof of Publication

STATE OF MONTANA,
County of Silver Bow. } ss.

LEGAL NOTICE
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FY1981 State Plan
Michael A. Murray
Administrator
Alcohol & Drug
Abuse Division
1539 11th Avenue
Helena, MT 59601
July 3

Nadine Richard,

being first duly sworn, on oath deposes and says: That she is the principal clerk of The Montana Standard, Division of Lee Newspapers, Inc., printer and publisher of "The Montana Standard", a daily newspaper of general circulation, printed and published at Butte, in the County of Silver Bow, State of Montana; that the notice of which a copy is hereto attached was first published in said newspaper in its issue dated the 3rd day of July, 19 80, and was published in said newspaper in its issues of

the last publication thereof being in the issue of said newspaper dated the 3rd day of July, 19 80

Nadine Richard

Subscribed and sworn to before me this 3rd day of July, 19 80

Notary Public for the State of Montana.
Residing at Butte, Montana.

My Commission expires ..., 19...

AFFIDAVIT OF PUBLICATION

STATE OF MONTANA,
County of Lewis and Clark, } ss.

Shirley Gorsage

Being duly sworn, deposes and says:

That She is the principal clerk of The Independent-Record, a newspaper of general circulation published daily in the City of Helena, in the County of Lewis and Clark, State of Montana, and has charge of the advertisements thereof:

That the Notice

a true copy of which is hereto annexed, was published in said newspaper on the following dates. viz.:

July 3, 1980

making in all 1 publication

Shirley Gorsage

Subscribed and sworn to before me this 7

day of July, 19 80

Edward H. Loe

NOTARY PUBLIC for the State of Montana
Residing at Helena, Montana

My commission expires August 10, 1982

(NOTARIAL SEAL)

LEGAL NOTICE

The combined 1981 Montana Plan for Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation and Drug Abuse Prevention will be available for public review and comment for thirty days following publication of this notice. Copies of this Plan may be reviewed at the Administrative Office of the Alcohol & Drug Abuse Division, Department of Institutions, 1539 11th Avenue, Helena, MT, phone 449-2827, or at any State-approved alcohol program or drug program office. Individual copies of the Plan are available upon request.

This Plan is for use of monies authorized in federal formula grant funds, Public Laws 92-255, 91-616 and 93-282.

Copies of the Plan will be submitted to the appropriate offices of NIDA and NIAAA in Washington, D.C. and the Regional Office of the Department of HEW, Denver, Colorado for review and approval. Copies will be submitted to appropriate State and local agencies for their review and comment. Interested persons concerned with alcohol abuse and alcoholism and/or drug abuse programming are encouraged to review and comment on the Plan. Written comments should be addressed to: FY1981 State Plan, Michael A. Murray, Administrator, Alcohol & Drug Abuse Division 1539 11th Avenue, Helena, MT 59601.

State of Montana
Department of
Institutions
July 3, 1980

EMPLOYEE ASSISTANCE PROGRAM

Following a policy statement by the Governor on February 11, 1974, the Montana State Employee Assistance Program (EAP) was established as a means of providing a variety of professional services to employees of the State and their families. Following a request by either an employee or a concerned supervisor, the EAP will identify and offer aid, through referrals to appropriate community resources, to enable the resolution of problems which are or could be affecting his or her relationships with other people. The Program functions as a resource to which a supervisor can refer a problem employee without assuming roles other than those of monitoring job performance and recognizing adequate levels.

Utilizing a "broad brush" approach, the Program offers referral services to "troubled" employees, no matter what the problem. An employee is considered troubled when his personal life interferes with his work and his job performance drops below an adequate level. The Program offers counseling services to enable that individual to clarify the situation and specify which agencies are available to offer assistance.

Although the majority of troubled employees will have problems directly related to alcohol abuse, it is imperative that the supervisor not attempt to label problem behavior, but only to monitor job performance. When educated about the inherent dangers of alcohol abuse and the symptoms of alcoholism, supervisors are in a position to detect the early stages of the disease through their responsible and objective observation of job performance. Long before other visible physical symptoms of the disease appear there is a deterioration in work effectiveness. To ignore this decline is a disservice to that individual and costly to the State as an employer. Covering up can

lead to serious consequences when a troubled employee is delayed in reaching assistance. If the problem is alcohol, the situation will inevitably and predictably worsen without intervention. Avoidance behavior on the part of a supervisor, whatever the rationale, strongly reflects on and must ultimately affect the supervisor's own job performance.

The supervisor's responsibility is limited to monitoring work performance, with care taken to avoid inappropriate labelling or diagnosis of the problem. To be evaluated properly, it is essential that unacceptable performance be documented, including on-the-job behavior. A discussion must be held to explore any discrepancy between the supervisor's expectations and the employee's behavior. If work improves after this discussion, no further action may be warranted; but if it remains poor or worsens, prompt referral to the EAP is indicated. Referral becomes the supervisor's responsibility and the employee must be informed of the reason, i.e., unwillingness or inability to resolve the problem affecting the job.

With the ultimate goal of returning job performance to at least an adequate level, the EAP, in conjunction with the supervisor and the employee, will design and implement an individualized plan to achieve this goal. The supervisor's role, after the referral, remains that of monitoring job effectiveness. The EAP will act as a liaison between the referral and the supervisor, to report on participation and progress. The Program is covered under the Federal Confidentiality Law 93-282 and under those restrictions information is released only in specific instances and with a signed authorization of disclosure.

Hopefully, the employee will participate in the design plan, return his work to an adequate level, and be discharged from the Program with no

further action. If the employee refuses aid and job performance problems continue, then the agency's established disciplinary policies will apply.

POLICY STATEMENT

1. The State of Montana recognizes that illnesses (including alcoholism) and other personal problems (including alcohol and drug abuse) will respond to counseling and are treatable by various modes of professional assistance.
2. The State of Montana will be concerned only with the effect of personal problems on the employee's job performance. It is not the intent or policy to search for specific problems or to interfere in personal areas of individual lives.
3. Implementation of this policy does not require, or should not result in, additional special regulations, privileges or exemptions from the established standard personnel practices of the State of Montana as applicable to job performance requirements.
4. It shall be the responsibility of all administrators and supervisors to implement this policy and to adhere to the following procedures to assure that participation by the employee under this policy shall not, of and by itself, jeopardize job security or promotional opportunity.

PROCEDURES

1. It is the responsibility of the supervisor to make a referral after documenting with the employee an unsatisfactory performance.
2. It is not the responsibility of the supervisor to make an evaluation of the problem or express any judgement concerning the problem.
3. It shall be the purpose of the program to assure that troubled employees receive all of the benefits and considerations extended to all other employees.

4. It is the responsibility of the employee to comply with referrals for evaluation and to cooperate in the mutually agreed upon remedy for the problem.
5. It shall be the right of the employee to refuse services, being mindful of the possible consequences of continued poor job performance.
6. A mutually agreed upon plan of assistance will be written by the EAP and the employee, clearly stating the responsibilities of both parties. Colaterally an agreement will be reached by the EAP and the employer specifying conditions and expectations necessary for improved job performance and for continued employement.
7. Failure by the employee to meet these conditions will result in the employee being subject to the agency's regularily established personnel policy.
8. The employee's rignt of confidentiality will be paramount. Information or identification of the problem will be released only after signed authorization of that employee.

It is hoped that this Program and its policies will enable and encourage those in need of assistance to seek help on their own, and will encourage those who supervise others to offer assistance when appropriate.

Candis Compton
Employee Assistance Program
Department of Institutions
1539 11th Avenue
Helena, MT 59601

449-3405